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SOCIAL ASPECTS OF MENTAL HYGIENE

Social Aspects of Mental Hygiene

Addresses by

Frankwood E. Williams · C. Macfie Campbell
Abraham Myerson · Arnold Gesell
Walter E. Fernald · Jessie Taft

With a Foreword by James Rowland Angell
and an Introduction by Maurice R. Davie

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Foreword

THE history of every important movement is instructive and often romantic. The history of the National Committee for Mental Hygiene, of which Mr. Clifford W. Beers is Secretary, is no exception to this rule. Arising out of his own unflagging efforts to secure public interest in the inhumane and unintelligent treatment of the mentally sick, it has now spread from a local organization, first established in Connecticut some fifteen years ago, to a nation-wide enterprise with descendants in a number of foreign countries. Working oftentimes under the most serious financial limitations, it has gathered to itself the backing of an extraordinary group of leaders in every walk of life. It has commanded for its active direction the services of the most talented and expert of our professional specialists, and it has succeeded in generating a far more intelligent and sympathetic public opinion for the consideration of all those social problems which involve the treatment of the mentally sick or defective. We are still very far from approximating ideal conditions in our treatment of those suffering from nervous and mental illness, but the present conditions are incomparably better than those which existed prior to the establishment of this national organization. We are becoming increasingly aware of the extent to which many of our social, philanthropic, and criminal problems have their roots in defective mental conditions. The dominant contemporary tendencies in medicine are in the direction of preventive treatment and of public health programs, seeking a more intelligent control from the community itself of the sources of disease. This series of lectures is designed to further these

results and we are peculiarly fortunate in the group of men and women who have consented to come and give us the benefit of their wisdom and experience.

JAMES R. ANGELL.

Introduction

THE mental hygiene movement has recently received a great deal of well-merited public attention. Its application to everyday life and to many social problems has been demonstrated. It has opened a new era with respect to knowledge of mental disorders and to the treatment of the insane and has presented a more accurate and practical point of view from which to regard the feeble-minded. Being essentially concerned with prevention—the prevention of mental and nervous disorders and of mental deficiency—and with the promotion of mental health, it is part of the public health movement and is destined, as Mr. Beers suggests, to take a place in the public mind as prominent as that held during recent years by the campaign against tuberculosis. It promises, an eminent psychiatrist has said, not only more of human happiness but more of human efficiency than any other mode of attack upon the ills of organized society.

If one examines the history of the treatment of the insane, he will find it divided roughly into four periods: first, that of the "demonological" conception of insanity, when abnormal mental symptoms were ascribed to holiness or witchcraft or were thought to be due to the agency of malignant demons, and the insane were dealt with accordingly; second, the epoch of dungeons and chains, when they were treated brutally as criminals; third, the era of humanitarian and empirical treatment; and fourth, the period of scientific study, rational treatment, and preventive medicine, in which insanity is recognized as "a disease and not a doom."

The era of abuse and barbarity may now seem to belong entirely to the well-forgotten past, but inspection of the

asylums and county jails in recent years has disclosed conditions similar to those revealed by Dorothea Dix, who in the middle of the nineteenth century visited a large number of places for the care of the insane and startled the public with her findings. Indeed, it was but a short time ago that the mental hygiene movement was founded, and what is more remarkable, it came through the efforts of a person who had himself suffered abuses in hospitals for the insane. Such conditions, however, are to-day very much the exception rather than the rule, and we may be said to have reached the period of scientific knowledge and treatment.

The old idea of an asylum for the insane as a place of confinement for abnormal persons is now being replaced by the modern idea of the hospital for the insane as a curative establishment for the sick. This change has been furthered by legislation, which has required transference from county to state care, removal of the insane from prisons, and the segregation of the criminal, the incurable, and the epileptic insane and of the feeble-minded, while amelioration of the condition of the insane in hospitals has been marked by the decline of mechanical and medicinal restraint.

The growing belief that mental diseases are curable and the spread of scientific conceptions concerning them have also been influential factors in bringing about improved conditions. In this work a large part has been played by the national and local mental hygiene societies through their programs of education. The ordinary layman has been informed concerning these once horrifying disorders. Another cause of this new attitude is the establishment of psychopathic hospitals for the early diagnosis and treatment of mental ailments—institutions which are now coming to be regarded as a major feature of any general mental hygiene program. No type of institution does more to destroy the old

fatalistic attitude toward mental disease than the psychopathic hospital. It demonstrates in a direct way by the results obtained that active treatment in the early stages of mental disease is effective. In view of the fact that the rate of recovery varies directly with the promptness with which treatment is begun, the importance of the psychopathic hospital cannot be overestimated. Furthermore, it teaches that mental disability is to be regarded in exactly the same light as physical; that one is as much a disease as the other. It is a rather curious fact that rheumatism or heart trouble is to some people almost a matter of family pride, while an attack of mental illness is regarded as a disgrace, as something to be kept secret. How irrational this point of view is, was recently brought out by Mr. Homer Folks in a radio health talk in which he said that a broken mind may not be any more reprehensible than a broken leg, and that it requires equally prompt treatment. Psychopathic hospitals are now deemed necessary to the proper diagnosis of mental illnesses, and are becoming centers of public education.

Another feature of the psychopathic hospital which is of immense value to the progress of mental hygiene is its relation to the medical school. It offers an effective means of instructing medical students who intend to specialize in psychiatry as well as those who, though they will eventually follow some other branch of medicine, yet need mental hygiene as an essential in their general training. The inability of the average physician to diagnose and treat mental and nervous disorders has recently been clearly revealed. In view of this general situation, and since the direction of the campaign against mental ailments must be in the hands of experts, the psychopathic hospital is indispensable. Not only does it serve an important educational end in this respect, but through its connection with the university medical school

it can also contribute greatly to the necessary task of fostering mental hygiene research.

The many surveys that are being made as to the extent of mental disease and of the facilities for care and treatment, together with the establishment of mental hygiene clinics, are among the most significant of other recent developments. The establishment of out-patient clinics in connection with the state hospitals is regarded by Dr. Thomas W. Salmon as the most important step taken in a generation for the care of the insane.

The mental hygiene movement, like most social movements, appears to have passed from the curative stage to the preventive and constructive; emphasis upon the care of those who are already sick or otherwise in need has been shifted toward precautionary measures against the recurrence of sickness and toward the positive achievement of health and happiness. Improvement in the treatment and care of the mentally ill or mentally deficient has been expanded to include both the prevention of nervous and mental disorders and of mental defect and also the conservation of mental health.

"The greatest thing in the world," says Professor Wm. H. Burnham, "is the human mind. The greatest wreck in the world is the wreck of a human mind. The greatest contribution of mental hygiene is the evidence that a large percentage of mental wreckage can be prevented." The mental hygiene movement has a message for everyone. Mental hygiene is as important for all of us as physical hygiene, and it is doing its best service when it keeps people well and active. Dr. Frankwood E. Williams has classified individuals from the point of view of mental hygiene into five groups: those now sane who will probably remain so; those now sane who will become insane under certain conditions; those now insane;

those who have been insane but are now recovered; and those yet unborn. A program of mental hygiene should provide adequately for all these classes. In the most advanced communities there is some provision, though often inadequate, for those already insane; and in clinics and by means of state-hospital social service some provision is made for the after-care of those recovered. But from the preventive standpoint there are only two dominant groups: the sane who might become insane, and the unborn.

A recent development of mental hygiene that is of the utmost significance is the demonstration that its application to many social problems may prevent much social waste. It is coming to be generally recognized that mental abnormalities are fundamentally responsible for a large percentage of social inadequacy. Mental factors in one form or another complicate—in many cases entirely condition—the individual or social situations which require attention. Mental disorders and mental defect are a causative factor in delinquency, dependency, illegitimacy, vagrancy, prostitution, and unemployment, and are related to questions of health, industry, and education. Such maladjustment cannot be intelligently treated until the psychic factors are recognized and provided for. The expenditure of millions of dollars yearly on relief, punishment, and the attempt to patch up human failures is not enabling us to make much progress in the reduction of these evils; but, as Dr. V. V. Anderson says, we may secure as striking results in the prevention of crime and dependency as we have in the prevention of tuberculosis and yellow fever, if we bring to these problems that same scientific understanding of cause and effect that has been applied to public health questions.

Here are matters of vital concern to social workers. The adjustment of human relationships, which is the main object

of all social work, calls for knowledge of the mental factors involved. If, as we are told, fully half of the clients of social agencies present some psychiatric problem, it is obvious that every case worker should know some psychiatry and should understand the principles of mental hygiene. Social service in general would have been the object of much less unfavorable criticism if social workers had had more psychiatric training; for such instruction favors the recognition and successful handling of all sorts of personal types.

The social worker is in an advantageous position; she alone, as Miss Jessie Taft has said, leaves hospital, clinic, office, and laboratory behind and observes the individual in action—at home, at work, in school—playing, loving, toiling, hating, fearing, striving, succeeding, failing. It is the case worker alone who tries, however ineffectually, to adjust not only the human being but his environment, that play of forces, that interaction between self and group, which constitutes behavior and personality.

In the broad field of social relations there is dawning a realization of the fact that, if adjustment is to be made, a knowledge of personality and its development and an understanding of the relation of mental disease and mental defect to dependency, delinquency, and other social problems are necessary. Social workers in particular have recently perceived this need, and this volume is the result of an attempt to offer instruction to such a group, as well as to teachers, parents, and others who have special opportunity to recognize and correct conduct disorders.

Following a request expressed by case workers through the New Haven Council of Social Agencies for a series of lectures on mental hygiene, and with the coöperation of Yale University, a course was arranged and given in the spring of 1923. The committee on arrangements was most fortunate

in securing as lecturers a group of eight specialists who, as recognized authorities, enjoy international prominence in the mental hygiene movement. It is doubtful whether so distinguished a group of lecturers on this subject has been brought together before. The audience, which averaged about five hundred, remained unusually constant in number throughout the series of lectures, a large proportion attending all of them; it seemed, further, to be an audience with "hungry minds"; each of the lecturers remarked upon the intentness and exceptional interest shown by those who attended. The lectures were so good and so unique that it was thought desirable to publish them, and this volume is the result. It is probably the first treatise of its kind on the subject.

It seemed especially fitting that the first lecture in the series, on the Mental Hygiene Movement, be given by a former resident of New Haven and a Yale graduate, a man who founded the movement as a result of his own experiences in the dark territory of insanity. Mr. Clifford W. Beers has stimulated a world-wide interest in the humane treatment of the mentally afflicted through the publication of his remarkable autobiography, *A Mind That Found Itself*. In 1908 he organized the Connecticut Society for Mental Hygiene, the first association ever formed for the sole purpose of combating mental disease and promoting mental health. A year later he founded the National Committee for Mental Hygiene, of which he is Secretary, and has since been active in extending the movement throughout this and other countries. Speaking intimately before an audience of fellow townsmen, he told of his personal experiences, of the change in attitude toward mental disease that he hopes will come, and of the work of the National Committee for Mental Hygiene. His address has not been included in this

book because it could not be reduced to written form without making an epitome of his autobiography. The reader is referred to *A Mind That Found Itself* for the substance of Mr. Beers's address. All the other lectures, with the exception of that given by Dr. Thomas W. Salmon on Mental Hygiene and Personal Health, are here made available.

The reader will find many helpful illustrations of the points emphasized in our citation of cases and case histories. The object has been throughout to make everything clear to the layman and at the same time valuable to the more special student of psychology and psychiatry, sociology, public health, education, and social work.

Special thanks are due to President James Rowland Angell, of Yale University, whose introductory remarks as presiding officer at the first meeting are here reproduced as a Foreword; also to Dr. Otto G. Wiedman, Medical Director of the Connecticut Society for Mental Hygiene, and to the late Dr. Paul Waterman, Chief of the Division of Mental Hygiene, Connecticut State Department of Health, who shared in occupying the chair at the remaining lectures. Acknowledgment is made to the committee appointed by the New Haven Council of Social Agencies to assist in arranging for the course, of which Mrs. Helen M. Ireland, Executive Secretary, Connecticut Society for Mental Hygiene, was chairman; and to Dr. Frankwood E. Williams and Professor Arnold L. Gesell for their advice in arranging for the series of lectures, their help in serving as an editorial committee, and their many other services.

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New Haven, Connecticut,
February 1, 1925.

The Mechanism of Human Behavior

Frankwood E. Williams, M.D.

Medical Director, The National Committee for Mental Hygiene.

MAN'S conduct can only be understood in the light of his history. What man is and what he can do are determined by his structure; his structure has been determined by his history, and the history of any given individual does not begin with the date of his birth. This child, for example, whose conduct we may be considering, was not born in 1914, nor this young man in 1900, nor ourselves in 1883. Life, in a real sense, did not begin for them in these years, even though the dates may be officially correct. Neither were they in the process of birth for the nine months alone preceding their official entry into the world. We were all in process of birth for millions of years, exactly how many millions we may not know—but safely eighty; and life over these eighty millions of years has been just as real for us, and as determining, as the specific nine months of our gestation. There was nothing that happened in those eighty millions of years that did not concern us and bear an important relationship to us.

We recognize within ourselves a circulatory system, a digestive system, a muscular system, a nervous system, a sexual system, and a certain bony structure. We note, too, that all men have, and, apparently, have always had, these systems precisely as our own; but this does not happen to be the case. The circulatory system of man as we know it to-day was not made *de novo* and given to man. The heart,

veins, and arteries that constitute our present circulatory system developed from other types of circulatory systems much simpler in form. In the process of developing our present system over these eighty millions of years, thousands of experiments with circulatory systems were made. The word experiment is not a particularly good one to use in this connection. It was not that now this was tried and now that and comparisons of efficiency made and a final choice determined. Rather, the system in existence at any one time in any given line was the best system up to that time in that line; each earlier system became modified so that the later system which developed from it was more effective. This has been true of each of the anatomical systems man now possesses, and true not only for each of the systems, but for the combination of systems by which we know man as man. The history of the development of these various systems is a most interesting one; particularly the history of the development of our present sexual system and of the nervous system. The long history of the development of the nervous system is of especial interest to us because of the important part the nervous system plays in determining the activities and the conduct of man. Not until this history is understood can one understand the conduct of man, what it is, why it is, what the possibilities for future development may be, and along what lines this development will likely take place.

Sitting in one's library thinking about man helps little. It is so that men have done in the past. Those who have thus thought about man, who have made judgments in regard to man and announced rules and regulations for man based on those judgments, have had either no information or very little information in regard to what man has been and is, and what his possibilities may be. Although much information exists to-day there are yet men who, without troubling to

inform themselves, still sit and think and wonder, and out of their thinking build philosophies about and for men. These philosophies tell us much about the men who do the thinking, but nothing about man. Wishing or hoping that a thing be true does not make it true, no matter how elaborate the philosophy that may be built around it. Again, the wish and the hope tell us much about the wishers, but nothing about man.

The history of man's comings and goings over parts of the world, his wars of conquest and his explorations have been recorded for several thousand years; but, strange as it may seem, accurate information as to man himself, his history, the nature of his development, his anatomical structure, his physiology, we have only acquired in comparatively recent times. Even so short a time ago as 200 years, man knew very little about his own anatomical structure and physiology. Even to-day after some 4,000 years of life as man there are many things of very great importance about our own bodily structure that we do not yet know. Men have learned more in the last 100 years about man than was known in all previous times. The most that we know about man's intellect has been learned in the last twenty-five or fifty years. Only within the period of our own lifetime has it been possible to examine and to understand with some degree of accuracy an individual's intellect. While much has been written in 2,000 or more years about man's emotions (poetry, philosophy, romance), accurate data in regard to man's emotions have only begun to be gathered in the past thirty years.

But men have been numerous upon the earth for thousands of years and no sooner did men become numerous than man had to learn to bring about some sort of regulation and control. Much of our confusion, both personal and social, grows out of this situation. Man had to learn to control men

long before men knew the simplest things about man. The best men could do was to follow such judgments as they could make. Rules and regulations, ethical and moral codes, religions and philosophies, systems of laws and government, have gradually been built up over the years, on the whole, through the earnest efforts of the wisest men of the times. But, as we have said before, what a man thinks about men and builds into his philosophy or religion or law, even though he be the wisest man of the time, tells us more concerning the man himself than concerning those he has thought about. It is not surprising that, entangled as we are in the meshes of these many philosophies, religions, and codes, constructed with the best intentions in the world by men who knew nothing about man, his history, his nature, his functions, or his possibilities, man should find himself in a difficult and unhappy state.

As it becomes possible, now, for us to look back over the panorama of these millions of developmental years, we observe two important things taking place, resulting, through the travail of ages, in the emergence of an organism we can recognize as man. Gradually, step by step over these many years, we see the development of an organism with ever finer contact with its environment. At the same time we see the development of an organism with finer and finer coördinated control of its parts. We may think, then, of a babe born to-day as a 1924 model of this travail—an organism with very great possibilities for close and accurate contacts with its environment and at the same time with a finely worked out, coördinated control of all of its parts.

But we must not fail to remember that every part has a very long history and that not all of the parts are the same age. Some parts are very old indeed—their forms and functions were laid down many millions of years ago; other parts

are much more recent. Those parts which have to do with the basic physiological functions—such as digestion, circulation, respiration, reproduction—are the oldest. Comparatively recent are certain parts of the nervous structure. We usually think of the nervous structure as of one piece, as it were; but it isn't of one piece. It is of many pieces and these pieces have been developed at different times. The development of each new piece made new possibilities. The latest pieces to be developed, and they were developed a comparatively short time ago, are the frontal lobes of the brain—that part of the brain which makes possible what we call "intellect."

This development of different parts at different times we cannot ignore if we wish to understand human conduct. For many, many years, different parts of the body, admirably designed to carry out their purpose,—respiration, digestion, circulation, reproduction,—have been working together through a comparatively simple nervous structure adequate to the immediate need as a well-coördinated whole, but without that capstone of the present human organism, the frontal lobes; in other words, without the guidance of intellect as we know it to-day. For millions of years this organism has acted only in its own interest in obtaining its food, in protecting itself, and in reproducing itself. It has not been aware of, nor had any interest in, other organisms except as they might represent rivals and antagonists in the struggle for existence. In these millions of years, this organism and its parts have developed, as the result of experience, ways of letting itself know the immediate needs of its various parts and of reacting, all parts acting in harmony with each other, so as to bring about as soon as possible the satisfaction of those needs. These needs have been considered wholly as individual and as not concerning any other organism. Its interest

has been entirely in maintaining itself and in reproducing itself. Its entire mechanism has been devoted to these ends. These needs and the mechanisms by which they may be satisfied, the habit of millions of years in bringing about these satisfactions, we still have in 1924. What is more, the older parts of our nervous system, by which these old organic needs are made known to each other, know even to this day no other organism than our own. When your stomach needs food, it is your stomach, and no other stomach, that your stomach considers. It is not aware of any other stomach. It needs food and sends up an insistent demand for food, as stomachs have done for millions of years. Unaware of any other stomach, it cannot consider any other in its demand, but keeps up an incessant clamor until its needs are fulfilled. So it is with all the other primary physical functions.

With the development of the frontal lobes, however, by which the organism was given an even finer contact with its environment and a still greater coördination of its parts, the organism has become aware of other individuals in a way quite different from its previous awareness of these individuals. It still sees these as rivals in the struggle for existence and as possible enemies, but gradually, with its developing power to retain memories of experiences, and to reason within certain limits, it has discovered other possibilities. It has learned that complete freedom of individual action may destroy all; that in the interest of itself it must consider the interests of others. Remaining organically and basically the same as before, with the demand from the individual organs as persistent and individual as ever, and with the individual organs mechanically perfected and still with the habit-reactions of millions of years, it has set about, within a comparatively recent time, by the use of its frontal lobes, to reorganize its own life in the light of the new discovery

it has made of the world and life about it and in and of which it has its own being. In other words, it recognizes the need of a social life through which it can, with greater assurance, more nearly and safely approximate its own individual end by compromising with others and recognizing as a part of its own existence and interests the existence and interests of others. How recently this development has been is shown by the clock devised by Professor James Harvey Robinson. Professor Robinson charts on the face of a clock all of geologic time. With time charted in this way, it appears that the frontal lobes of the brain developed only fifteen minutes ago. It is hardly surprising that after this short time man finds his social organization far from perfect and the individual finds much difficulty in harmonizing the million-year-old needs of himself with the recently developed social interests; and especially when we consider that man in the last fifteen minutes of time, experimenting with something, as we have said before, that he has known nothing about, has further complicated an already complicated situation by the development of rules and regulations, systems of morals, ethics, religion, philosophy, and government, that do not take into consideration the real man as he is, but which are based upon a man entirely hypothetical, representing quite accurately the solution of the personal problems of the individuals who conceived these things but missing man himself.

For some reason we are quite anxious to consider ourselves different from animals. We have prided ourselves that while, unfortunately, in some ways we might be like animals, the possession of an intellect, after all, made us distinctly different. Animals, we observe, act by instinct. On the contrary, our conduct is determined by our intellect. When we have an important decision to make, so we have considered,

we add all the pros on one side and all the cons on the other side, subtract, multiply, and divide, and then have our answer—all arrived at by a process of intellect. I doubt very much if this is what we do in any matter that vitally concerns us; even in many matters that are insignificant. I am inclined to think that the decision is made upon another basis entirely and that about the only function of the intellect in the matter is, after the decision has been made, to conjure up good reasons for its defense, reasons that we can use both in satisfying ourselves and particularly in satisfying our friends that our decision is a wise one and very carefully thought out. The decision has been made on an emotional basis. Furthermore, the genesis of the emotion, in consequence of which we have made the decision, is in most cases, if not in all, unknown to us. In other words, we have made a decision totally ignorant as to why we have made it, and the intellect has had little or no part in the matter until after the event. Beginning very simply, let me illustrate by a series of examples what I mean by decisions made upon an emotional basis, the source of the emotions being unknown and the intellect having nothing to do in arriving at the decision.

No doubt there is an article of food you do not like. I do not know what it is, it may be anything. It will likely be different for each of us, but let us assume it is a salad—potato salad, if you will. You do not like it. In fact, you very much dislike it. The very sight and odor of it are distasteful to you. The sight and odor may even make you ill. If it is served to you as a guest, you play about the lettuce leaves in a pretense of eating. If it is served to you at home, where they know you do not like potato salad, you probably do a good deal more than play around the lettuce leaves. There is no doubt about the state of your emotions in regard to the

salad; nor of your decision not to eat it. Is your decision not to eat the salad an intellectual one? Have you looked up the matter in books on dietetics and learned that potato salad is not a suitable article of diet, that it is not properly balanced in carbohydrates, proteins, and fat, or what not? It is not likely that you have. If so, you have probably found that potato salad is a quite proper article of diet; but all the books on dietetics in the world, though they extol the merits of potato salad, would not take away your feeling of nausea and distaste at the very sight of it, nor cause you to alter your decision in favor of eating it. In other words, your decision not to eat potato salad is not a decision determined by your intellect, but is made entirely upon an emotional basis and the genesis of this emotion you probably do not know—or, you may know. It may be that at one time you liked potato salad all too well and that at a children's picnic, now many years ago, you ate quite too much potato salad. You have not forgotten that illness yet, and to this day no article of diet is more distasteful to you. But whether you recall any such incident or not, it is clear that your decision has not been made through the use of intellect.

A student recently told me that she could not like people with red hair; that as a child she was very rude to people with red hair. As she has grown older she has, of course, ceased to be rude to such people, but no matter how attractive otherwise, she can have no feeling of friendliness for them. This has been a disadvantage. In her life at college she has met many attractive women with red hair. There have been times when she would have liked to have certain of these women as close friends. In some instances it might have been an advantage to her in one way or another, but a barrier exists, and never has she been able to have as an intimate friend a person with red hair. Is the decision of

this young woman in regard to friendship with red-haired people intellectual? Has she made a careful study of the matter, and as a result of this study come to the conclusion that people with red hair are untrustworthy or otherwise undesirable as friends? Not at all. She says at once that intellect has nothing to do with it, that her intellectual judgments are quite to the contrary, that she has met a number of young women with red hair who clearly, so her intellect tells her, are desirable as friends; but regardless of her intellectual views in the matter, a feeling of friendship on her part, for some reason quite mysterious to her, is impossible. Is this a matter of no importance? Is it merely an unimportant idiosyncrasy of the young woman in question? Possibly so, but there is one element in the situation that may interest us. This young woman, like the rest of us, has considered herself quite at liberty in the making of friends. That is, as she goes about meeting many people, she selects quite freely from out the many those whom she chooses to tie to herself as close and personal friends. In other words, she is quite at liberty to choose her friends as she will. But is she? It is apparent from what she has said that, to begin with, one large group that contains many excellent and desirable people is at once ruled out. She has no freedom of choice here. No matter what advantages there might be in such a friendship, no matter what her intellect may tell her about these people, they are ruled out for her. Why this should be so, she does not know, but there is a reason, a perfectly definite reason. This is no happenstance. There is nothing accidental or casual about it, it is nothing with which she was born, neither did it just appear without rhyme or reason. Its genesis and development are quite understandable things, and there is no more mystery about them, than there is mys-

tery about the pain in the right side of the abdomen which, we learn upon investigation, is due to appendicitis.

I wonder if this young woman is the only person in the world who is not at liberty to choose her friends as she will, but who, in spite of her pride of liberty of choice, is forced to choose within comparatively narrow limits, the reason for this enforced choice being quite unknown to her. I wonder about the rest of us. While red hair may not be a matter of importance to us all, there are other physical characteristics such as stature, weight, and complexion, our emotional reaction to which, more or less unknown to us, is a factor—perhaps an all-determining factor—in our decisions. The fact is that none of us is quite so much at liberty in these matters as we have been inclined to think.

The statement of the student interested me particularly, because I have, as it were, a weakness in the opposite direction. That is, I am inclined to like very easily people with red hair. I feel an extra degree of friendliness in their presence. I am more at ease. I am eager to get acquainted and the effort required is more easily made. In a group of strangers you would probably find me a bit reserved. I should try to do my part in moving about, talking pleasantly, I hope, with those present; but at the end of the evening probably no one would feel that he had got very well acquainted with me, and on the way home I should probably not be conscious of having entered into any new friendships. If in the group, however, there was one with red hair, I think it not unlikely that early in the evening I should find myself moving gradually in that person's direction, and before a great while I should have managed to meet the person, whether a man or woman, and that that person would find me friendly, unreserved, and easy to know. The chance is that we should strike up an easy acquaintance that might be continued in a

deeper friendship. On my way home I should be aware that I had had a pleasant evening. The person in question, if he thought of me at all, would probably think of me as rather an agreeable person.

Is this decision of mine, to seek out and to find as friends people with red hair, a matter of intellect? Is it that I have searched out the facts in the matter and by weighing these have come to the conclusion that the best and most desirable people in the world are those with red hair? Not at all. If my intellect tells me anything in the matter, it tells me that people with red hair may or may not be good friends, that red hair certainly cannot be used as a criterion for friendship; furthermore, that such an interest may have its very obvious dangers that it would be well to guard against. Is it, then, merely a silly little idiosyncrasy of my own, too unimportant to be worthy of discussion here? I am not so sure of that. It is obvious that it is not unimportant for me. Neither am I sure that it is wholly a personal matter without interest or consequence to others. Let us see.

It so happens that in my position I am frequently called upon to bring job and worker together. Those who have positions to fill know that I am in touch with a good many professional people; let us say, psychiatric social workers. When positions are to be filled, I am frequently asked if I know of suitable persons to fill them. On the other hand, workers, knowing that I am in touch with openings throughout the country, frequently come inquiring of any new possibilities. Let us say that this morning two young women called. One is Miss Smith, the other is Miss Jones. Miss Jones has a head of beautiful "titian" hair. Miss Smith's hair is just as neatly arranged, and it may be light or it may be dark. Miss Smith is a college graduate and she is also a graduate of an excellent school for social work. Her case-

work training was well supervised; she has now been out five years and has filled ably positions of increasing importance. Miss Jones did not graduate from college; she dropped out for some reason or other at the end of her second year. She is a graduate of a fairly good school for social work, her training was fairly well supervised, and in the five years that she has been out she has done reasonably good work. This afternoon you call. You tell me you wish to start an important piece of work in your city, that the success of the work will depend very much upon the ability of the psychiatric social worker you can obtain to start it, and that you are eager, therefore, to find as well-qualified a person as possible. This is particularly important in view of the fact that not all of the social agencies in the city are yet convinced of the need of the work you wish to initiate; it is essential that no mistake be made in the selection of the person, in order that the start may be auspicious. You further state that you have sufficient money to pay an excellent salary, and ask me if I know of any person of the type you want who is available.

"Why, yes," I say, "there were two young women here this morning. Here are their records. Look them over."

"Good," you say, after looking over the records, "this Miss Smith looks like just the person I am after."

"Well, yes," I reply, "but now look here—don't let yourself be deceived by a record. A record sometimes looks a whole lot better than the person herself. . . . And then, you know, it isn't so much, after all, what one has studied that counts on a job—it's personality. Personality is the thing that counts. Now I have seen both of these young women, and they are both fine people. Miss Smith looks a little bit better on paper than Miss Jones, but Miss Jones has a per-

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fectly charming personality. I think, unquestionably, she is just exactly the person you want."

Is there any intellect in that decision? Not at all. And yet I could credit myself with having used more "intellect" than you. You were going to be deceived by a record; but I used my "intellect" and discovered that one could be deceived by records, and, what is more, by using my "intellect" again I discovered that personality is what counts on a job; and yet I did not do anything of the sort. My decision had no intellect in it, but was made entirely on a personal, emotional basis, the genesis of which, let us say, I am unaware of, but which, in any case, had nothing whatever to do with the immediate situation but which has its source in an old emotional problem wholly personal to me and which long antedates my awareness of Miss Jones or Miss Smith or yourself. To-day the "dead hand" of a long past personal experience has stealthily insinuated itself in a decision that affects three "innocent" people.

I wonder if I am the only person in the world who makes decisions in this way. I wonder about school teachers, who find this child adorable and this other child impossible; I wonder if either child is either adorable or impossible, but whether the decision may not rest entirely in the personal, emotional problems of the teacher. I wonder about the social worker who praises the excellent qualities in her client Mrs. X and bitterly complains of the lack of coöperation on the part of Mrs. Y. I wonder about nurses and doctors and judges. I wonder particularly about those people called personnel managers who, in the large industrial organizations, hire, fire, and promote; I wonder if, after all, the hiring, firing, and promoting are always on an intellectual card-catalogue basis, or whether another factor may not blindly enter that nestles closely in the personality of the personnel

manager rather than in the employee. In fact, I wonder about all of us.

Not long ago a dean in one of our universities found it necessary to interview a certain student. This student, during his first year, had done excellent work. At the close of the first semester of his second year, it was found that he was failing badly. Knowing from his past performance that the youth was capable of collegiate work, the dean was interested to know why the failure. To the dean's questions as to the nature of his difficulty, the student replied that he had been unhappy during the past semester because he felt that he was not liked, and that he was not wanted at the university. He had noticed this unfriendly attitude toward him both on the part of the faculty and of the students. This had so depressed him that he could not study. Hence his failure. I am quite sure that this student, and probably the dean, would feel that the conclusion reached was reached by an intellectual process. The student feels that he has put two and two together and arrived at a very obvious and correct conclusion. The dean feels, no doubt, that the student has put two and two together, but that he has drawn the wrong conclusion. But intellect has played no part. The student is not aware of the real source of his depression. He must explain it somehow to himself, and so he rationalizes, as a psychiatrist is wont to say, by finding an explanation that will apparently satisfy the situation, although it will not be the true explanation. The true explanation he will be unable to find by himself—although it has a very definite source, and, what is more, a source that is very likely "get-at-able."

It so happened that the dean had kept himself informed in these matters and recognized the probable nature of the boy's problem. The average dean, I fear, would have spent the rest of the hour in an endeavor to convince the boy by

"reasoning" with him that his observations and the conclusion he had reached were wrong; all well intended, to be sure, but at the end of the hour the boy would have been unconvinced, and he would be unconvinced at the end of many hours. The dean would then likely reach another conclusion—either that the boy lacks surprisingly an ability for logical reasoning in that he is unable to follow the cogent reasoning of the dean which should bring him to see that no dislike for him is felt in the college, or that the boy is "crazy." As a matter of fact, the boy neither lacks logical ability nor is he "crazy." He is acting in this particular matter exactly as the dean acts in many other matters. He has made a decision on a purely emotional basis, the genesis of the emotion being unknown to him. In this particular instance the dean called in a psychiatrist who could assist the boy in unraveling his problem and helping him discover the genesis of the emotion which was forcing him to such false conclusions. Ordinarily, however, it is safe to say that unconvinced by the dean's logic, the boy would continue to fail until eventually he would be asked to leave college with his problem still unsolved and loaded with an additional sense of failure. A young man with a good intellect, capable of first-class intellectual work, would go out into the world to add himself to the great army of mediocrities. There are those in the world whose abilities are mediocre. Their army is not a particularly tragic one, for within the range of their abilities there is usefulness and happiness; but there are battalions, if not regiments, in that army that are wholly tragic, because they are made up of individuals whose abilities are not mediocre, but individuals whose intellectual abilities are of the first grade, yet so handicapped with emotional problems—not unknowable or mysterious—that they are unable to use these abilities and must take their place with the

mediocre. This is personal tragedy and social waste. It need not be so. Had the dean been better informed, another effective citizen might have been added to the graduate roll of the university.

Recently I was asked to examine a group of high-school students who were failing in their work. At the beginning of the school term all the entering students had been given psychological examinations and the classes had been arranged on the basis of the psychological ratings. All those with a high intelligence quotient were put together in order that they might proceed with their work as rapidly as they desired. Those with average I. Q.'s were placed together in order that they might progress in their work at a pace that was suitable for each of them. Those with low I. Q.'s were placed together in order that they might go at a slower pace than either of the other two groups. Where these psychological tests are given by well-trained people, their use is excellent, as large classes can thereby be divided into groups of students having similar abilities, and a suitable pace can be found for each. It is one thing, however, to have a high I. Q. and quite another thing to be able to use it. Any psychiatrist would have pointed out that it was folly to expect that merely because a student had a high intelligence quotient he would be unusually successful or successful at all in his work. Individuals with high I. Q.'s are not infrequently so handicapped with emotional problems that they are unable to reach the attainments of another individual with a much lower I. Q. So it turned out at this particular school. By the first of May, 10 out of every 100 of the students with high I. Q.'s were failing in four out of five subjects. This was not because a mistake had been made in estimating the intellectual ability of these students. The tests used were properly standardized tests and they were

accurately interpreted. The ratings represented correctly the potential intellectual ability of the various students. The pace set was not too swift, as was shown by the success of the 90 in each 100. The problem was to discover, if possible, why the 10 in each 100 were failing. It is enough to say here, so far as the group is concerned, that in the majority of instances the nature of the emotional problems—some quite simple, some quite complex—that were handicapping these students was ascertainable. I should like particularly to speak of two of the students, each of whom illustrates an important point.

We shall call the first boy John. John had one of the highest I. Q.'s in the school. There could be no question of his intellectual ability. The teachers said he was either a genius or a fool, and they did not know which. His work now and then was brilliant, but in spite of his occasional display of brilliance he was failing in all five of his subjects. John is a boy of sixteen, over six feet tall, good-looking and attractive. One was first impressed with his physical appearance—his unusual height, his fair soft skin, his lack of any appearance of beard or other secondary sex characteristics, his loose joints, and his obvious lack of physical strength. One did not need to talk long with him to be impressed by his self-assurance and egotism. He was quite aware of his brilliance. Not only was all right with the world, but all was right with John and with everything connected with John. His home was one of the finest in the city, his father one of the best possible fathers, and an unusually brilliant man. His brothers and sisters were unusually bright. His own failure in school was not a matter of importance, rather an amusing situation. His plans for the future, one learned, were to be a writer. Upon finishing high school, he planned to enter Harvard and eventually to write, as God intended him

to do, the great American epic. John's boastfulness and cocky self-assurance fairly took one's breath away. Was he in good health? He was in the best possible health. What was more, he always expected to be in the best of health. There is no such thing as disease; there are no such things as germs. Germs are merely bogies made up by doctors to scare people. Body is unimportant; mind is the important thing. With one's mind, one controls everything. If one has a strong mind he can so control his body that no disease can gain a foothold. He would be willing to drink a tumbler of so-called typhoid germs. Physical accidents may happen, but a strong mind can control most of these. Before he had full possession of himself and his mind, he suffered as a child from various diseases; but since he has come to possess himself, he has never been ill, except slightly with scarlet fever. On this occasion his brother, sister, and mother were also ill. They needed doctors and nurses. His mother was especially ill and had to have considerable nursing and attention, but she hasn't the strong powerful mind of the others. As for himself, he soon had control of the disease and required neither nurses nor doctors.

"Are you a Christian Scientist?"

"Oh, no," with a deprecating laugh, "I am too radical to be a Christian Scientist."

One is not impressed that this boy is a "genius." Is he "crazy"? No, there is no evidence that he is suffering from a definite mental disorder. Is he just a young adolescent "fool"? Well, let us look a little further.

His father is one of the most brilliant men in the city, so the boy says. He planned at one time to be a physician but broke down in his junior year at Harvard with some nervous illness. At the present time, he tells us with some show of embarrassment, he is a clerk in a bank. But he is quick to

add that the father is a writer of genius. It has not been possible, however, to get any of his writings published. This is due to the fact that his stories are written in a somewhat unfamiliar dialect and publishers claim that for this reason it would not pay to publish them. This is obviously absurd, as probably nothing so good has ever been written. (Teachers who have seen some of the father's productions say that they show no skill or talent.)

"Your older brother and sister are doing well?"

"Oh, yes, they both have fine minds. My sister was probably the brightest girl in her class at high school."

"Did she finish high school?"

"No, she had a nervous breakdown and had to quit."

"What is she doing now?"

"Oh, let me see—what is she doing now?" with considerable hesitancy, "Oh, she's a stenographer."

"And your brother?"

"Oh, he was a bright boy. He was as keen as they make them. I don't suppose a brighter boy ever went to school."

"And did he finish high school?"

"No, he was struck on the head with a stone."

"What is he doing now?"

With obvious embarrassment, "Oh, he is an elevator boy."

"I note you are failing in all of your subjects. What seems to be the trouble?"

"They are so silly and unimportant."

"But, if you intend to be a writer, I should think you would be interested in English."

"Do you know what they teach in that course? Punctuation, sentence structure, and paragraphing—why should I study that? I know all about that. Didn't I tell you God intended me to write the great American epic? I don't need to study that stuff. All of that was just sort of born with me."

"But your mathematics?"

"Why should I study mathematics? If I were going to be a crook on Wall Street, it might be well for me to know something about mathematics; but didn't I tell you I was going to be a writer? I don't need to know anything about mathematics, and I don't want to know anything about mathematics."

"How do you get on with the other boys in the school and neighborhood; have you a number of boy friends?"

"No, I haven't any friends."

"Do you wish friends?"

"Yes, I would like to have a boy of the right sort as a friend, but these fellows are no good. They've got the wrong idea. I am too far ahead of them. They think that physical strength is what counts. Poor deluded fools, they haven't brains enough to know that the body, physical strength, and physical pleasures don't amount to anything, that it's mind that counts. How can one be friends with silly, weak-brained fellows like that?"

"Have you a nickname?"

"Well, not really a nickname, but they call me sister and sissy."

"Do you resent this?"

"Oh, no, one should not resent such things coming from one's inferiors."

"Do you get on well with them otherwise?"

"They like to try to get me to fight. They pick quarrels with me and then claim that I do not fight fair. They get sore because in a fight I kick, and scratch, and bite; but that is all right; any means in a fight is fair, if you reason it out correctly. Fighting itself is wrong. Therefore, there can be no right and wrong as to how one shall fight. I would not fight of my own accord, because I think it is wrong; but if

they force me to fight then there can be no rules or regulations, and I am at liberty to use any means I choose. They haven't got brains enough to see that. Usually, however, I can get away from them as I have longer legs and can run faster than any of them. What is more, I know more hiding places than all the rest of them put together, so they can't find me if I once get a start."

Is this boy a "genius," or is he "crazy," or a "fool," or may he be none of these in the ordinary sense, but an unfortunate boy lost in the woods, trying desperately to find his way out, and whistling to keep up his courage? There is nothing to encourage one to believe that he is a "genius." The history of the nervous breakdown of his father and sister makes us curious to know more about his family history. Further investigation might bring to light other cases of nervous and mental disease in the family, but, after all, this would indicate little as to the boy himself. It might indicate that he was born with a sensitive and delicate nervous mechanism that could easily be disturbed, but such a nervous system has the possibilities of being an asset as well as a liability. Which it will be, will depend a good deal upon what happens to that nervous system, what tunes are played on it, what problems it is asked to solve. One thing is clear, he was not born with a mental disease. If he has such a disease at sixteen, or develops one later, it will have been made during his own lifetime and out of the materials of his own life. One need not seek to blame his grandparents. So far as the boy is concerned, we will forget his grandparents and look about in his own life to find the difficulties, the factors that are making too great demands and setting too difficult problems for this delicate mechanism, capable, by reason of its very delicacy, of unusual performance under proper and reasonable conditions.

The possibility passes through one's mind that the boy may be in an early condition of dementia praecox, but aside from what I have given, there is nothing to confirm this diagnosis. He is not "crazy" in the ordinary sense. A fool, then? But "fool" in the sense of "queer" is merely a label we place upon individuals whom we do not understand or do not like. It tells us nothing about the individual; it tells more about ourselves. But a fool in this sense is not born. He, too, is made. Neither is he made mysteriously with a secret alchemy; rather he is made out of material from his own life, out of material frequently obvious enough and understandable when one knows where to look for it and how to recognize it.

We have not probed very deeply into this boy's life and personality. A deeper probing would reveal many more things to us, but let us examine a little more closely the simple, more or less superficial, material we already have.

The boy has a keen intellect. This the school authorities have already noted, but he also has a body and a set of emotions. These are not three separate things. They are united in one whole and must work together harmoniously as a unit if we are to have an effective personality. Difficulties in any one of these fields will throw an additional burden upon the other two. A certain amount of extra strain may be taken up without causing much distortion, but if the strain is great there may be a good deal of twisting and warping in the resultant personality. The personality that has flowered out in this boy of sixteen is extraordinarily twisted and misshapen, until it is almost impossible for it to function. Where has been the strain? This bumptious self-assurance does not deceive us. We recognize it as a cover. There is no such assurance. The boy is humility and misery itself. But what has forced him to erect such a barricade between himself

and the world? What monsters of the dark is he fighting so bravely, if piteously and unsuccessfully? We haven't all the facts that might help us, but we have enough to give us some understanding of the situation.

His body attracts our attention at once. It would seem to be apparent that something has produced an imperfect balance in his endocrine system. His thymus gland, which should largely have completed its work some time ago and retired from the scene in favor of the pituitary, whose time it has been to change the individual from a child to an adolescent and from an adolescent to a man, is still persisting in its activity. The other endocrine glands have been unable to bring the thymus under control and the thymus has gone along blissfully and happily, as it were, in its overactivity, not realizing that in doing so it is building for the boy a body with which it will be difficult for him to meet the problems of everyday life. What is more, a body which, because of its very difference from other bodies, will create for the boy very special additional problems. The body that is being built for the boy is an inferior body. Whereas a boy's body should be compact, strong, and well muscled, this body is long and awkward with its loose joints and childish muscles. Fatigue that other boys know only after great exertion the possessor of this body knows after a very little exertion. On the level upon which all boys must compete with each other this boy finds himself badly disadvantaged. In the field of strength and physical exploit which is so important to the adolescent boy, John finds himself distinctly inferior. With his keen intelligence he notes this fact. Other boys' voices are beginning to deepen; they are beginning to talk of razors and of the physical changes they find taking place in themselves. They are a bit shy, but quite proud of all these things. John is shy and blushes like a schoolgirl, but not for

the same reasons; he cannot be proud when he realizes that his body in these important respects is like the body of a child of ten.

With only this superficial knowledge of the boy and his life we are aware of two great problems that might easily have been the stumblingblock for him: (1) the inferior social and intellectual position of his family; (2) a physical difference in himself from other boys that sets him apart and makes him inferior. With his keen intellect, he no doubt early noticed these differences, and to note them was to feel deeply the hurt and humiliation. He cannot go about carrying this pain; it is too poignant. He must find some way of neutralizing it. No one is aware of the problem with which he is wrestling. It is not even clear to himself, but he finds a way out. He does what we all are likely to do in similar situations. He dodges the real situation. He eliminates the situation by denying it, by refusing to recognize it at all. He balances the one by finding a compensation in another direction and then he does what again we are all prone to do under the circumstances—he not only compensates but overcompensates. A stoop-shouldered boy, prodded to stand up straight, will frequently overcompensate for his stooping by sticking out his stomach and thrusting his shoulder blades too far back. John now does the same thing. Not only is he not inferior, but he is quite superior. Not only is his inferior family a good family, but it is one of the very best. He is even more specific. He has noticed that the members of his family, starting out well, have all ended badly and that the change of situation has come by way of accident or disease. He is the one remaining creditable member of the family. He has a bright mind unquestionably. So had the others—at least he has led himself so to think. Accident and disease spoiled them. Do accident and disease track the family?

Must his brilliant future be destroyed by accident and disease? This may well be a very real fear. Again in the inexperience of youth he fails to face the real situation and to reason it through. Probably the fear was so great that only a moral giant could have done so, let alone an unaided panicky boy. At any rate, he meets the situation again by denial. His future is not to be wrecked. Obviously it cannot be wrecked, for there is no such thing as disease. Mind controls matter even to the point largely of controlling accidents or the consequence of accidents. Therefore, he faces the world bravely and confidently, for he has nothing to fear. But he has not destroyed the fear by denying it. The fear remains, if unrecognized, and his efforts to stifle it only twist and warp him to a tragic and shocking degree. His other problem, that of his physical inferiority, he meets in much the same way. He denies it. He is not inferior; he is superior. Those who torment him are his inferiors, but the brave denial does not change the situation. Again his effort at stifling the pain only further twists and warps him, and when finally this twisted and warped personality moves out into the world, day by day, its very queerness creates new problems. These he meets in accordance with the habit he has already formed—of denial and brave insistence of the contrary. Higher and higher, with ever greater desperation, he builds his stockade and scuttles, like the frightened boy he is, to the top, there pitifully to continue his denials and, almost inaccessible, to hurl down defiance upon his "inferiors."

This, to be sure, is but a very superficial account of the boy. Further examination would reveal many more things, no doubt, and an elaboration of mechanisms which antedate and predicate the problems we have discussed. But these slight data at least give us some insight into the problem of

the boy and the way by which these problems have come about. It is enough to indicate to us that his failure in school is not to be met by punishment, by argument, by preachment, by general encouragement, by offer of reward, by unflattering comparison with others, by threats of the future. The boy's failure in school is the least of his difficulties and is only incidental to other major difficulties. The one will be met only by solving the other. The other will be solved only by analysis and reconstruction.

One cannot go into the whole matter here, but it is important that one element in the situation be pointed out. An obvious solution would seem to be to bring under treatment at once the endocrine disfunction: to bring the thymus under control and the pituitary into activity, in the expectation that a new boy no longer physically so inferior will be born; being no longer inferior, the boy can take his proper place. Although this solution would seem to be so obviously the correct one, the situation, unfortunately, is not so simple. The correction of his physical condition, even though it were most successful, would likely bring about little change in the personality of the boy. His mental habits would remain the same. His method of meeting problems, his attitude toward things and events in his environment would remain the same. These habits and attitudes were formed at a time when they were needed in order to defend his personality. The need for them may long have passed, but their use remains, for they are the only methods he has ever learned and the ones which, through long experience, he has learned most readily to use. There are clearly two elements, therefore, in the situation; one which has to do with his physical condition, the other which has to do with his mental habits. Neither of these can be ignored. Both must be dealt with. Unfortunately, the need of handling both situations is not usually recognized by

physicians and teachers and parents. One who has had his arm in a sling for a long time tends to neglect the use of that arm after the sling has been removed, or to use it in the limited way learned while it was in the sling. It is equally true that one whose mind has been for a long period of time in a sling, so to speak, must relearn how to use that mind once the sling is no longer necessary.

The other boy of whom I should like to speak is Sammy. Sammy is a little Jewish boy. He is fifteen. Instead of a high I. Q., Sammy has a low I. Q. One wonders how he ever got to high school. His intellectual ability is hardly that which would carry him through the grade school, but somehow, through kindly pushing, no doubt, Sammy finds himself in the high school. But Sammy is failing in all five of his subjects. He is very gentle and sweet about it. He admits his failures and makes no complaint. He is very sorry for the trouble he has caused.

Sammy also has an endocrine disorder. His thyroid gland has failed to function properly. He is short and squat, flabby, with little physical strength. The failure of his thyroid gland to function has produced this physical situation and also, no doubt, intellectual retardation. In the two great fields in which Sammy must compete with his peers, Sammy is inferior. He cannot compete on the playground because of his overweight and flabbiness. He cannot compete in the schoolroom because of his lack of intellectual potentials. Does Sammy recognize this inferiority? Indeed he does. Does it mean anything to him? Just as much as to you or to me. It hurts, and it probably hurts very much; but Sammy has not met his problems as John did. He is modest and unassuming. Luck brought another way out for Sammy.

"Which one of your brothers do you like best, Sammy?"

"Oh, I like them all equally well. They are all close relatives."

"How do you get on with your older brother?"

"Well-l, I like him—but then he bosses me a lot."

"How about your younger brother?" (Thirteen years old.)

"Oh, well, I like him, but he bosses me too, and he certainly hasn't any right to boss me."

"But can he get away with it, Sammy?"

With bated breath, "Oh, yes, he can, because he is bigger than I am."

So Sammy cannot even lick his kid brother.

With the other Jewish boys Sammy goes to the Rabbi's school. Many of the boys do not take very kindly to this. They have been to school all day; they don't see why they should go some more. There are a number of reasons they bring forth against the Rabbi's school. Forced to go, they are none too attentive, but Sammy . . .

Sammy has a visual memory. The reading of history and the remembering of it come easily to him. Here is something he can do. He may not be able to reason abstractly or to do mathematics, but he can read and remember the history stories. He enjoys it thoroughly. See what it means to Sammy. The butt of the playground, the dunce of the day school, now becomes the model. Why don't you do like Sammy? Why don't you study like Sammy? Why don't you pay attention like Sammy? Why aren't you as smart as Sammy? Sammy has suddenly become the model, the ideal for the group, a paragon of all virtues. What a grateful ointment this must be to his hurt little self.

"When you grow up, Sammy, what do want to be?"

"I would like to be a Rabbi."

"And why would you like to be a Rabbi?"

"Because everybody always looks up to the Rabbi. Every-

body respects the Rabbi. Everybody loves the Rabbi, and goes to him for help."

Sammy has chosen a profession. It may not be his final decision, it probably isn't; but how has he made it? Has he made it as we have been inclined to think people make such decisions? Has he made it as we have made our decisions in regard to our professions? That is, has he thought things through carefully and as a result of using his intellect decided to be a Rabbi? No, Sammy's decision to be a Rabbi is made upon a purely emotional basis. Sammy is not in the least aware of the genesis of his emotion. The decision was made because it offered a solution for a deep and tragic personal emotional problem. I wonder if Sammy is the only person who has ever made such an important decision as that of profession on such a basis. I wonder what significance that has for future success or failure in a chosen profession. Blindly made, forced by conditions of which Sammy is unaware, will Sammy's choice furnish the emotional outlet he needs? If so, it will have come about through sheer luck. All have not been so lucky.

I should like to use one other illustration of my point. Not so long ago I spent some time examining the prisoners in a certain western penitentiary. The method was somewhat as follows: In the morning I sat down with the deputy warden, who gave me a list of the men who were available for examination that day, their names, their numbers, the crimes of which they had been convicted, the length of sentence, what he might know about their history before they came to the prison, and an account of their conduct while in the prison. With these data I then saw the men and endeavored to ascertain something about their mental condition. One morning as I entered the office the deputy warden said:

"Well, doctor, you've got a real chap to examine this

morning. We haven't many real wild western desperadoes out here, such as you read about in the East, but if we have any this fellow is one of them. He is a cattle thief. He has been head of a gang out here. We have been on his trail for some time but were never able to get him until last year. Among the state police who brought him in he has the reputation of being a man absolutely without fear—a man who doesn't know what physical fear is."

I was a bit curious to see this man with such a reputation in a "man's country." In the afternoon a young fellow came into my examining room. He was of average height and of slender build. He was an unusually attractive boy. He was the kind of boy one would least associate with crime or daring. He looked like, or in other clothes would have looked like, an intelligent, friendly, chummy sort of college freshman.

Here, briefly, is an account of George's life. He was born in Philadelphia. His mother died when he was born. His father shortly married again a woman who had two sons a few years older than George. According to his account he does not recall a single happy day in that home. He was the ugly duckling. The foster mother much disliked him, and the foster brothers took their cue from her. We have only his account, to be sure, but I have no doubt of its essential accuracy. It came piecemeal, not as I give it here. He had no notion of the psychological significance I should attach to his various statements. Sympathy, I think, could not have been the motive, as his attitude was not one of wishing sympathy and he knew that I was not in a position to be of any help to him, no matter how sympathetic I might be. His father was much away and knew little of what went on in his absence. He was evidently treated with great cruelty. He was punished severely for his own peccadillos and frequently

severely for the peccadillos of his lying brothers. If the mother gave him an interval of rest, the brothers saw to it that he was occupied by trouncings on their own part.

What is going to happen to a boy with a good intellect, brought up under such circumstances—in what the psychiatrist sometimes calls an intolerable situation; that is, a painful situation which one cannot change and from which one cannot escape? What is likely to happen is something like this.

He is severely trounced by one of his brothers, who not only trounces him but in his contempt for him calls him yellow, no good, rotter, etc. He lives in an atmosphere of contempt for himself and of physical punishment against which he fears, in his weakness, to rebel. After one of these beatings he goes off by himself whimpering, vowing that the next time he will take his own part; he will punch that brother. He doesn't believe, of course, all the things that are said of him. He isn't yellow; he isn't a coward; he is just as good as they, and the next time he will show them. But the next time he doesn't; but again he goes away whimpering and vowing vengeance the next time. And so it goes, week in and week out, month and year, meeting with vigorous pommeling and contempt, but always within a denial of cowardice and a vow that the "next time" he will show them. The next time, the next time. But he never does. There comes a time, however, when way down in his own heart he may begin to wonder whether or not he isn't some of the things he has been called. He hasn't believed he was, he doesn't really believe yet; but *maybe* he is. Of course, the world knows nothing of this doubt, but he carries it in his own heart, and it grows and grows until eventually it fairly consumes him and even though he rebels against it, he begins to believe more and more surely that *probably he is* yellow

and a coward. In other words, he develops what the psychiatrist sometimes calls a deep feeling of inferiority.

Now a deep feeling of inferiority in the heart of a child is not an unimportant matter. He may luckily find a way out, as Sammy did. It is more likely that he won't and that there will be an explosion of the hidden dynamite. In which direction the explosion will take place one cannot be sure. There are several directions it may take.

George stood his life at home until he was about fifteen. Then as the result of a pretty severe handling he gathered himself together, damned the whole family, and told them where they might go. They had called him a thief and a crook, he said, and now he was going out to be a crook and they would be proud of him some day. He left home. He worked himself west. It did not take him long to find in the West the people he was looking for; that is, the western crooks. He was clever; it did not take him long to learn what there may be in the tricks of the trade. He was probably superior to most of them and before a great while had his own little gang. For some four or five years he had been leading this gang with the state police on his trail. He had had brushes with these police and had developed the reputation, as the deputy had said, of being a man absolutely without fear; a man who didn't know what physical fear was.

Does the psychiatrist draw too long a bow when he thinks there is a connection between George's life in Philadelphia and his life in the West?

"Well, George, you have had a pretty lively five years out here; what do you think of it?"

"Yes, it has been pretty lively, but most of it I am pretty much ashamed of. There is some of it, though, that I am mighty damn proud of."

"What is the part you are so proud of?"

"I am proud of the fact that I am not afraid of a man with a gun, and I am not afraid of a bunch of them. I can shoot just as fast as they and just as straight. I have never killed any of them yet and I don't want to, but I have winged some of them. I am proud of the fact, too, that I have been a little bit too clever for them. They have had me cornered several times, but I have been too quick for them and got away, and they wouldn't have got me last year if they hadn't double-crossed me."

Is George just a "criminal"? Has his career in the West been a desire for gain, for excitement, for sheer deviltry, or has his conduct been intellectually determined?

It would be interesting to know what George's record was in the Philadelphia school. I venture to say that if we should look up his report card we would find that the teachers year after year had reported that George was sullen, moody, stubborn, irritable, inattentive, disrespectful, etc., etc.; that when he attended to his work he learned quite readily, but seldom would he attend. And these good teachers, when they put these words in their report, felt they were saying something. They did not realize that they were just calling him names and that names really mean nothing in themselves. Had any one of them realized that no child is ever chronically any of these things without there being a reason, that he is not born so, but that he is made so, and that the reason can usually be found—had any teacher been as interested in George as in George's arithmetic, had any school nurse been as interested in George as she was in the condition of his skin, had any school physician been as keenly interested in George as in his adenoids and tonsils, it would have been just as easy to have discovered the cause of George's moodiness in Philadelphia as it was for me in the West, and it would have been a simple matter to have shown George in

Philadelphia how in a perfectly social way he could find compensation for his feeling of inferiority. How could George attend to his school work: how unimportant were geography and arithmetic compared with the big problem that was gnawing within him that had to be solved? No one helped him. While teachers assigned problems in arithmetic, nurses watched for a rash, and the school doctors polished adenoids and tonsils, George wrestled with a problem more important than all of these things together, and, finally, in desperation went out to solve it himself and to solve it in the only way he knew, the way he had learned perhaps from the movies or from the wild west stories. George, I am sure, is not the only boy of his kind in the public school system.

Strangely enough, I had scarcely returned to the East, when I was asked to see, in consultation, a student at one of the large eastern universities. During the month two students had committed suicide, and a third student seemed to be on the way to the same end. The authorities of the institution decided to have a consultation instead of an autopsy. One found on examining the student in question that one was dealing essentially with the same factor that one had met in George. The individuals who took part in the early drama were different, of course, as was the place where the drama was acted out, but the story was essentially the same. For a time a compensation had been found and all had gone well, but it was a badly erected structure and later, when placed under strain, collapsed like a house of cards and the student was plunged into a morass of despair from which, it seemed to him, there was no possibility of extrication. In the one instance the feeling of inferiority had found its way out in a career of delinquency. In the other, it had precipitated an illness that might have ended disastrously.

When one comes to inquire how these emotional handicaps

of adult life develop, one finds that they represent almost invariably, if not always, the unsolved problems or the partially solved or the badly solved problems of childhood. One cannot here enter into a full discussion of these matters. They are many and they are complicated, and a series of chapters would be necessary to make them clear. It can be said, however, that these emotional problems are no longer a matter of complete mystery, that they are in many of their phases understandable and, what is more, manageable. In the past we have felt quite otherwise about them, and, in so far as we could, ignored them, trusting in the gods to bring the child through. Where we have been forced to recognize them, we have used, almost indiscriminately, punishment, persuasion, argument, threat, bribery, and the like, and frequently in the application of "treatment" have reacted in accordance with our own handicaps and thus got inextricably mixed our own and the handicaps of the child. In general it may be said that these emotional problems of childhood, which later, in one form or another, become the serious handicaps of adult life, have to do with feelings of inferiority, with fears of various sorts, with a sense of shame and guilt, with a variety of problems of sex, and with attitudes toward authority. This is by no means a complete list, nor are all of these mutually exclusive. The chief point is that reasons exist for the stormy periods of childhood and for the later emotional handicaps of adult life, and to solve satisfactorily either the problem of the episode or the problem of the handicap the reason must be found.

Individuals who have followed recent developments in psychology are familiar with the term "intelligence quotient" (I. Q.). They are familiar with the fact that there are many individuals in the world who, although adult in chronological age and in physical development, have the intellectual de-

velopment of children; individuals, who, for example, are twenty-five or thirty years old, but who have the intellectual development of children of six or ten. The personal and social problems created by this diversity in chronological and intellectual age are recognized and each year sees progress in the efforts communities make to solve the problems of the mentally defective.

As time goes on we shall become more and more familiar with another type of individual—one who is adult in physical development and in intellectual development, but who emotionally lives the life of a child. It may not be possible for us to be so specific as to say that a given individual is chronologically twenty-five years of age, has a physical and intellectual development in accordance with his age, but has the emotional development of a child of seven. What we shall recognize, however, is this, that this business man, this school teacher, this judge of an important court, this publisher, this reformer, is an adult in years, has an adult physical development and a keen intellect, but emotionally lives the life of an adolescent, or of a child, or even of an infant. As the possibility of this situation comes to be generally recognized and these individuals to be identified, I am inclined to think that we shall be less patient with their judgments, that we shall not so blindly follow their decisions and leadership, that we shall come to say to them something like this:

"You have reached physical adulthood and you have an unusually keen intellect. You could be a very useful individual. Your decisions in important matters, however, are made, not in accordance with the facts, but in the light of the unsolved emotional problems of your own personal childhood. You act honestly enough, but you see the facts presented to you not as they are truly but as they are distorted

through these personal lenses. You cause difficulty and confusion. Your keen intellect makes it possible for you to defend ably your improper decisions and your weak causes. Many problems which are brought to you could be fairly easily solved if they did not get mixed up with your own personal problems which have nothing to do with the issue at hand. Therefore you hinder rather than help. You need to grow up. Retire from the world of pursuits for the present, have your own personal problems solved and, when you have succeeded in reaching adulthood in all respects—physical, intellectual, and emotional—return to these important activities you have in hand. You are not useful now, you are only a disturber. The fact that your high order of intellect has brought you to such prominence and position of power in the community does not alter the situation. It only makes you a greater disturber. The world needs you, but the world can use you only after you have grown up."

The world is full of such. And they are to be found not only in humble but in high places. They may not be so easily identified as the intellectually defective, but we shall come to identify them and to deal with them. We shall come to observe more closely our leaders, whether these leaders be in politics or social science, law or medicine, religion, ethics, morals, or reform. In the meantime, in our homes, schools, and colleges, where our future leaders are being developed, we shall become as interested and as careful in the emotional progress of children and students as in their physical and intellectual development.

Mental Hygiene and Education

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IT is a good thing for the cobbler to stick to his last, and for the physician to walk warily and with circumspection when he goes outside of his own special field and ventures to deal with such a topic as education. Mr. Lowell has recently said: "On no subject do we talk more with less positive knowledge than education." Perhaps it is because so little is positively known of it that we feel free to say so much; few people feel incompetent to give an opinion in regard to education. The field of mental hygiene may come to rival that of education as affording opportunity for much talk on dubious foundations; its growing vogue may bring corresponding danger, and it is important that statements in regard to mental hygiene be based on the sober presentation of demonstrable facts.

The facts already available in the field of mental hygiene are sufficiently important to be assimilated by preventive medicine, and should be made known to the community at large. Knowledge of the fundamental conditions of bodily health is now widely disseminated; babies are sedulously weighed; the cult of the toothbrush is almost universal; the tonsils of most children receive some scrutiny; fresh air at night is no longer regarded as miasmatic; housewives gossip about the Schick test, vitamines, and the bacterial content of milk; the business man may even make a fetish of his weight, his blood pressure, the composition of his gastric

juice. Such are some of the topics which occur to one when the subject of hygiene is under discussion, but all these topics deal with very simple functions and systems, more especially with problems of nutrition or metabolism and of the defense against the attack of organisms. It is in regard to these problems that medicine has attained its most striking successes, both from the point of view of treatment and of prevention. This progress has largely been due to the use of the experimental method, which has enabled the physician to study the processes of disease in the laboratory apart from the patient. The experimental animal in many ways is more satisfactory than the patient, and medicine has come to think in terms of diseases rather than in terms of sick individuals; the patient has almost been eliminated, while his blood, his kidneys, his endocrine glands, undergo intensive study. To many it appears more scientific to study the behavior of the heart than the behavior of the owner of the organ. It is owing to this prevalent medical attitude that the term hygiene is so seldom supposed to cover disorders of the personality; one has had, therefore, to use the term "mental hygiene" to cover this field, but should keep in mind that mental hygiene is merely hygiene adequately conceived.

The fact that the patient cannot be altogether eliminated from the study of medicine was brought forcibly home to the general medical profession and to the laity by the widespread occurrence of war-neuroses among the soldiers in the recent war (the so-called "shell-shock"). The war-neuroses represented types of disorders where the ordinary conception of disease is strikingly inadequate; in them we have to deal with sick and handicapped individuals in whom there is no indication of any simple disease process, whose symptoms seem to be of very much more complex origin than those associated with a metabolic or infective disorder. The symp-

toms become intelligible only when we consider the patient in his totality, with his instinctive and emotional equipment dealing with a concrete life situation. These disorders have their key in the conflict between the forces tending toward self-preservation and those other personal forces which are at the basis of discipline, loyalty, courage, self-respect. So in the ordinary neuroses of peace time the nervous symptoms become intelligible only in the light of a similar analysis of the problem of the individual. But the same principles are not limited to the study of the neuroses; even in the ordinary run of physical ailments, the extent to which the patient is handicapped by the disease and the duration of the handicap may be determined by complex emotional and instinctive factors. Symptoms become woven into the total life of the individual, and may be utilized by the patient in his endeavor to wrest the maximum satisfaction out of life, and to avoid many of its difficulties. The total amount of sickness in the community represented by nervous and mental disorders and by a mental contribution to simple bodily ailments is very considerable; it is an important public health problem, and the possibility of the prevention or the diminution of these disorders has great practical importance for the community.

The ability of an individual to deal in a healthy way with a life situation depends upon the constitutional equipment of the individual, and upon the factors which have modified that equipment during the development of the individual. The constitution of the individual we have to accept, but the way in which that constitution is modified is to a certain extent subject to control. Mental hygiene is that body of knowledge which deals with the factors which modify the resistance of the individual to the stresses of life; its aim is that the individual shall be able not only to

deal satisfactorily with the problems of nutrition and metabolism and with infective agents, but also with the much more complex tasks of man as a social unit; and that he shall work out a sound balance of the various conflicting trends of human nature. It is obvious that the problems of mental hygiene are closely related to those of education. The physician, who wishes to see what can be done to minimize the occurrence of nervous and mental disorders in the adult, scrutinizes the forces which mould the personal balance of the individual and which give to the individual his special sensitiveness to the major topics of life. Among these forces there are the unorganized environmental influences and the incidental experiences of the individual, but in addition there are the important organized factors which are represented by the influence of the home and by that of the school. There is too little organic connection between the home and the school. Together they form the great social apparatus through which the available knowledge with regard to mental health may be placed at the disposal of the individual during the formative period of his life. The influences that permeate the home and the school affect very deeply the later emotional life of the individual, they mould his habits and help to determine his scheme of values in life; ordinary tests of adult life may, owing to these early influences, become tasks beyond the capacity of the individual, in the face of which he may develop invalidism, mental disorder, a restricted and distorted mode of life, or twists of character of various types. From the day of the child's birth it begins to receive impressions which leave their stamp on its later modes of reaction; its education begins in the nursery when it is being trained to adapt itself to the orderly requirements of a régime, determined not by its own caprice and self-assertiveness, but by objective laws based on the

experience of others. Whether we call the care of the child a problem of education or a problem of hygiene is unimportant; what is important to realize is that it is not merely a question of hygiene in the narrow and restricted sense of the term, a problem of nutrition and freedom from infection; it is, at the same time, a question of mental hygiene, of establishing the emotional values of many topics, of forming certain habits of reaction, which are the foundations upon which the later personality and character must be built.

Thus in relation to nutrition, sleep, and habits of cleanliness, it is well to keep in mind that we are not dealing with simple physiological problems, but with the first stages in the development of adaptation to the demands of the environment. The child has to learn to adapt itself to a regular procedure in regard to the above topics; it has to learn the futility of self-assertiveness which goes beyond certain limits, lest it carry into later life under modified forms the mechanism of the tantrum. It has in the life of the nursery and the playroom to become familiar with the restrictions and compromises involved in group life, lest it carry into later life the emotional egocentricity of the spoiled child, with the resultant twists of character. He has to learn as he matures to discriminate between the facile fancies of the play life and objective reality, where satisfaction has to be won by effort. He has to learn to control the impulses of the appetites in view of social regulations, the full significance of which he will only gradually appreciate. Especially in relation to the manifold bodily promptings associated with the sex instinct he has to learn to exercise control, and this very often under the direction of parents whose only idea is to eliminate overt activity and who little realize the importance of the method by which this is done and the far-reaching influence of the values which at this period they

give to the sexual topic, sometimes by words and actions, sometimes by an equally detrimental embarrassment or silence.

During the early period of its development the child is in the home with its more or less haphazard organization which is largely at the mercy of the personality of the parents. It is rather grotesque to assume, as is sometimes done, that the influence of the parents is necessarily pernicious; although it may be no more ideal than the diet of the average home, one has to remember that human nature has considerable elasticity and can digest some injudicious parental influence as well as unsuitable food; there is a wide margin of safety in regard to the individual organs and functions, and the affection of parents, although under certain circumstances it may be a detrimental influence, is, as a rule, an important asset, the most valuable means of knitting the child closely to the social environment and the vehicle of that feeling of social solidarity which is a source of such strength to a community. Here, of course, we border upon a problem which touches one's philosophy of life, and which is going to be determined by each one in virtue of his emotional needs rather than in the light of reason,—the problem of the respective rights of the individual and of the group.

While the early and not the least important period of education is spent in the haphazard environment of the home, the training of the child is of too much importance to the community to be left altogether to the discretion of the individual parents; the community has insisted that the training of the individual after the first few years be more definitely organized, and that a certain minimum of instruction be provided. It is in the school that the child receives this instruction, and the term education is often limited to the training which is received in this organization. Educa-

tion is sometimes referred to as if it were a fairly definite process, of obvious utility, by which a recognized type of product was turned out. As a matter of fact, there is no general agreement as to the type of product desired, or as to the methods for turning out any desired product. Some may wish the products of education to be characterized by what they conceive to be efficiency in regard to certain recognized tasks, education for them should be vocational in aim; others may consider that the value of the educational product should be estimated by the character of the adult, and in the estimate of character the rôle of vocational efficiency may be weighed very lightly. One parent is anxious that her progeny be trained to mingle gracefully with the right social set; another may emphasize skill in athletics. One may favor rigid discipline so that the pupil will later fit with docility into a conservative social scheme which frowns on the vagaries of the individual; another may prefer that the pupil should learn to cultivate his own specific endowment without being unduly hampered by traditional forms and a standard method. Some may emphasize a certain body of information as of great importance; others may emphasize methods of work and habits of industry; others again may stress the emotional values woven into the traditions of a school, or radiating from a teacher with a certain personality, or associated with schoolmates of a certain social background. It is claimed that a certain type of education turns out the best men, but how do we know that these men do not develop despite that type of education, and may not owe their excellent qualities to social or racial or other factors? Much has been written with regard to the subjects of study during the ordinary school period, but the subjects chosen will depend upon the goal of education. Some may object to the classics because they have no cash value, others may

favor them on account of their drawing-room value. Others may approve of the classics for the very reason that they have no cash value and because, free from such utilitarian taint, they may enable the individual to be more in touch with the minds of past generations and with the evolution of human thought. They may consider such a study a useful counterbalance to the industrialism of the present age, and to the tendency to develop the efficiency of the human machine at the expense of its humanity. They may, therefore, see a saving grace in the study of "the humanities" or *litterae humaniores*. In education, as in other human affairs, one man's meat may be another man's poison, and perhaps there will always have to be great diversity of opinion in regard to educational goals and methods.

Quite apart from subjects of study and the best technical methods of imparting information, what is the responsibility of the school for the formation of character and for the promotion of the healthy development of the personality? Is the school to prepare the pupil for college, or is it to prepare him for life? The school has, as a matter of fact, already accepted some sort of supervision of the health of the child; school nurses and school physicians are becoming a recognized element in the school organization. If the school take some responsibility for the nutrition of the child, for the state of his teeth and tonsils, and for the condition of the eyes and ears, may it not take some interest in the health of the child, the real living complete organism with instincts, emotions, memories, desires, conflicts? The health of the whole is more important than the health of the parts; school hygiene is quite inadequate unless it embraces mental hygiene. To the physician interested in the mental hygiene of the community, in the healthy balance of the conflicting factors of human nature, in the formation of a healthy attitude toward the

basal problems of human life, in the development of a healthy objectivity rather than an evasive subjectivity, in the development of good social adaptability rather than a narrow egotism which shelters itself behind invalidism, eccentricity, and fanaticism with its various disguises, the school can be a most powerful ally, the most effective mental hygiene agency.

No teacher, no matter what his theory of education, can altogether detach himself from the above problems; no matter though he protest that a school is not a clinic or a health center, and though he claim that his business is to teach his pupils certain prescribed topics according to definite pedagogic principles, these other factors will intrude. His pupils are not pure intelligence, they are not pedagogic units; they are living boys and girls. The discipline of the classroom brings its own problems: sudden interruption in the hitherto continuous progress of a pupil may provoke thought; the docility or the antagonism of the pupil to the teacher is not irrelevant to progress in studies; lack of interest and day-dreaming may be observed; restless, fidgety behavior may suggest the necessity of further examination of the pupil; headache, disturbed sleep, moodiness, irritability, must have their sufficient ground; undue cruelty or teasing, pilfering and lying beyond a certain rather elastic limit, have to be faced; perhaps most familiar is the problem of the sex behavior of the pupils, the formation of bad habits and of undesirable attachments. The above problems thrust themselves upon the attention of the teacher, no matter what his idea may be as to the goal of education, as to the subjects to be taught, and as to the methods of teaching. He will not be able to deal with these problems unless he has some knowledge of the factors which underlie their manifestation. He is, therefore, forced to take up the analysis of human

behavior, of the springs of human action, of the instincts and emotions which play such an important rôle in daily life. He has to study the individual temperament of the pupil, he has to have some idea of his special endowment, not only in regard to topics of instruction, but also in regard to the factors which determine social adaptability and the ability to deal with the problems of the intimate personal life. The teacher who is sensitive to these issues may even consider that they present a more important problem for the later health and efficiency of the pupil than the choice of this or that topic in the curriculum, or the extent of information which he may acquire in general.

The study, however, cannot be confined to the schoolroom. The pupil comes to school with an emotional life seriously influenced by the atmosphere and the experiences of the home. The values which he gives to various topics are not necessarily determined by the exhortations of his teachers or even by the official pronouncements of the parents, but by what he actually experiences at home. A cowed submission to parents with hesitation to take any initiative may reflect itself in an overdocile attitude in the schoolroom; sullen resentment against a rigid parent may be at the root of distrust and defiance of the teacher. Jealousy of siblings and feelings of injustice arising from the home situation may lead to a similar attitude at school. Sensitiveness with regard to unfortunate home situations may make the boy shy and seclusive at school, or perhaps prone to take offense when no offense is meant; he may develop an aggressive attitude as the best means of defending himself against possible wounds to his pride; feelings of inferiority or feelings of personal discontent and irritation secondary to sex habits or experiences may lead to a variability of mood which causes much puzzling waywardness of school behavior; preoccupation with the sex

topic may lead to day-dreaming and loss of contact with the environment, which may manifest itself in an inability to study and a profound slump in school progress. An overindulgent atmosphere at home with habitual domination of the home environment by the child makes it difficult for him to adapt himself to a school environment where he plays a subordinate rôle, and where he finds he cannot dominate others. Allowance may have to be made for this difficult period of adaptation, and in some pupils coming from such a home the rude experiences of school may tend to foster a feeling of injustice and a mutual misunderstanding which may become a somewhat fixed attitude. It is obvious that where the underlying factors, which are giving the undesirable emotional values to the child and determining the set of his habits in wrong directions, lie at home the situation cannot be managed altogether from the standpoint of the school. The two environments cannot be treated as absolutely detached and separate, and the influences guiding the youngster should not be absolutely disconnected and perhaps inconsistent; there should be a certain continuity in the influences, there should be consistency and harmony. Any sound scheme of education involves coöperation between school and home; the teacher must discuss with the parent any reactions which call for attention, and may often suggest to the parent the explanation, or get from the parent the data which furnish a clue to the difficulty. When consultation of this type is looked upon as absolutely essential, with the parents continuing to accept their primary responsibility for the training of the child, which they are often only too glad to unload on the school, and with the school realizing that it has a more complex task than a merely pedagogical or vocational one, the best conditions for the development of the child have been established.

The difficulties of the situation are obviously very great; the tactful broaching of disconcerting subjects to the parents and the winning of their coöperation is not very easy, especially where the parents have an air of somewhat insolent condescension toward the teacher and look upon the teacher as a person hired for a special service instead of as someone whose coöperation they have enlisted in regard to the most serious of their own responsibilities. The winning of the coöperation of the parents with the frank discussion of the problems of the child is one of the greatest contributions, not only to the mental hygiene of the child, but to that of the parents; for it soon becomes evident that the situation cannot be put on a sound basis so long as the parents do not go in for a personal housecleaning, do not revise their own personal scheme of values, their somewhat fixed attitudes and set habits, and scrutinize these, no matter although they have been established for years. It is only too frequently the case that the special problems of the child are a reflection of the unsolved problems of parents, and parents who have left their problems unsolved and have merely shelved them are usually unwilling to take them up for discussion and to go on with their own education. Education is apt to be looked on merely from the one side. It is the training of the child to adapt itself to the environment, and in that environment the parents and other authorities are a most important element, who desire to be considered the constants, while the children are the variables; that is one reason why obedience is so seriously stressed in education. But the individual may come to be a parent himself, and then one of the problems of life is for that individual to adapt himself to children, to this new problem in life, and that is a branch of education which has hardly been begun. Even in women's colleges there is little indication of any interest in training women for one of the

most important tasks of life, namely, the care of children. It is apt to be looked upon as too monotonous and inferior a task; one that may be usefully left to hirelings. It is, as a matter of fact, a task requiring the greatest insight and one in which all the best qualities of the individual can be well occupied, a biological and psychological study of great fascination and of immediate practical value, which, however, is apt to be discounted by a certain type of academic mind, because the laboratory happens to be called the nursery.

The same principles which apply to the training of the child in the grammar school are no less valid in relation to education in the colleges. Here again there is the choice between considering education in a somewhat restricted sense with the college an information department store, and considering the college as a social organization which does not look upon as irrelevant the formation of character and the acquisition of values. It is somewhat perplexing to see students acquiring great blocks of information on certain topics, or developing a special technique of study along certain lines, and equipping themselves for industrial and professional tasks in virtue of these special abilities, while the background of their life on which their economic activity will be displayed is completely neglected. The student may pass through his college course without its being necessary at any stage for him to review the principles underlying human behavior; without his being required to take stock of the hidden source of his own interests and beliefs and habits and moods; without his becoming aware that these moods and beliefs and interests, which are going to give to his individual life its special value, have definite biological determinants which work according to certain definite laws, and some knowledge of the control of which may make all the difference between stability and instability of his life. A college

education does little to prepare anyone to meet the fundamental issues of life any better than the ordinary individual. It is stated that, in the prisons of the United States, college graduates have a representation in due proportion to their number in the community. The study of nervous and mental patients with college degrees often reveals a striking discrepancy between the academic culture and the lack of any grasp of the fundamental principles of mental health. Yet the colleges should be the source of the community-wide diffusion of knowledge with regard to the above principles; it is from the normal schools and colleges that there pass out the future teachers, religious leaders, physicians, lawyers, journalists, and other professional workers.

In the normal school or college the future teacher and other professional workers should be required to study systematically the fundamental forces underlying human behavior, the simple biological forces, the way in which these are modified by the experiences of life, the variations in the emotional and instinctive constitution of the individual, the various types of human personality, the essential conflicts involved in human nature, the various ways in which individuals react to difficulties in the internal or external sphere. On the basis of this fundamental knowledge the teacher can proceed to study the more technical problems of learning, the questions of fatigue and of rest, the details of the work curve, the dovetailing of one study into another, problems of sensory discrimination, reaction-time, attention, memory, and of manual dexterity. With his fundamental training he will realize the way in which underlying emotional factors may influence the more specific tasks of the schoolroom, and, at the same time, he will know that questions of fatigue or failure in the schoolroom may have a reaction on the general emotional life of the child and bring about change

of mood and irritability and lack of adaptability at home. The teacher, while realizing that his specific problem is one of imparting certain required information and certain methods and of training in certain habits of industry, will also be sensitive to the question of character formation and to the underlying determinants. He will realize, whenever there is any untoward symptom, any deviation from the normal sufficiently important to attract attention, that the symptom is not to be dealt with in a cut-and-dried way according to ordinary pedagogic standards or according to statutory ethical judgments, but has to be considered as an individual problem, the explanation of which may only be possible after a review of the whole situation, after a study of the pupil in his complexity, a study which involves not merely a review of school reactions, but of home behavior and of the home situation and a study not only of the externals of the pupil's life, but of the inner life. It is not suggested that the teacher himself should undertake this study, which may require the training of the physician, but it will often be the teacher who has the first opportunity to see the necessity for this type of examination, and who, through his own knowledge of psychology, will be able to supply the physician with very important data, and to coöperate with the physician in improving the situation in the interest of the development of the pupil. It may be thought that such a scheme involves an extra load on an already overworked profession. The suggested training of the teacher is not to be looked on as a burden; it means taking his rôle more seriously, showing the wider implications of his task, the favorable strategic position he enjoys as an instrument of social progress. The teacher would gain in prestige; and laboring for culture he might even in time be paid the just hire of which he is worthy.

Mental Hygiene and Family Life

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ON every side—from every pulpit, in the columns of every paper, from the lips of social reformers, judges, publicists, and the like—we hear it stated unequivocally that the American family is disintegrating, home life is disappearing, divorce is polluting the stream of marriage more deeply year by year, children have lost obedience and are in open rebellion against their elders: in short, the stability of the race is threatened by the disintegration of the one institution which is the keystone of that stability, the home.

Such cries have been heard before, and in fact appear in every age. The tendency to glorify the past at the expense of the present is the backbone of conservatism, and we are safe in discounting all such statements as, at least in part, exaggeration. But are they all exaggeration? Is there not some basis of truth for them? We must not neglect a careful inquiry into the status of the family at the present time.

There is no doubt that divorce is increasing rapidly. There is, further, no doubt that the attitude of parents toward children has altered, and that likewise there has been a great change in the attitude of children toward parents. But neither the increase in divorce nor the increase in freedom for children is necessarily an evil. Divorce may increase without at all implying that the causes for divorce have increased. Lack of divorce in a country may merely mean that cruelty, oppression, and wrong flourish within the home

without redress, and it may have no relation whatsoever to sexual immorality. There is no evidence whatever that countries in which there is no divorce are better morally than countries in which divorce is easily obtained. Further, freedom of the child is in itself a good thing. It is only to be called bad if it interferes with the health, education, and future development of the child.

What are the factors making for nervous disorders and especially that which we call nervousness in the home in so far as woman is concerned?

What are the factors in the home making for nervousness in so far as the child is concerned?

These are the two specific questions we have to set ourselves and which we will answer without any regard for any nonmedical point of view. That is to say, the religious attitude and the conventional attitudes toward the home cannot be permitted to govern discussion of this kind, since by these attitudes values are set up arbitrarily. The medical attitude in this discussion has in mind primarily and almost, one might say, solely, the mental and physical health of the family.

Why not discuss, someone might query, the mental health of the husband and father in so far as the home is concerned? The answer is that the home life has not so direct a bearing upon the mental health of the man as upon the mental health of the woman and the child; that he is much less a house-man than his wife is a house-woman, and that he is not nearly so much the product of the home as is the child. Of course, he too suffers from maladjustments and from the difficulties surrounding his matrimonial and parental state, but not to nearly the same degree as the other two members of the great natural triangle, mother, father, and child.

I. The factors making for nervous states in the case of the housewife, excluding from this discussion the major mental diseases, most of which are in reality of unknown origin.

The term nervous states is here used as synonymous with what is generally known as nervousness, which, by the way, has no place in medicine. Physicians use the term psychoneuroses, which, in a general way, is equivalent to the term nervousness, to include a group of disorders of so-called functional nature—that is to say, there is no alteration which can be found in the brain, the spinal cord, or any part of the nervous system of individuals suffering from these diseases. One might compare the psychoneurotic state to that condition of a watch which merely needed a winding-up as against one in which a vital part was broken.

The most important of these nervous states to which the housewife is liable, is neurasthenia. It is not essential at this point to go with detail into the symptoms of neurasthenia. Fundamentally, neurasthenia is a condition in which there is an increased liability to fatigue in all those forms of activity by which the human being displays his energy. So there is fatigue on physical exertion. The individual gets tired too readily and remains tired longer than he should after what seems rather trifling exertion, and the fatigue which he feels has a painful component, which is not present in ordinary fatigue. There is an ache and pain to the weariness which makes the fatigue the more distressing. Second, there is a fatigue in the display of the mental energy. Concentration is difficult, so that memory seems poor. The ability to follow a train of thought to its goal in achieved purpose is lowered by what I like to call the intrusion of the irrelevant. That is to say, the stray associations which enter, but normally are readily excluded, persist in entering and directing the train

of thought against the will of the individual. Voluntary interest and voluntary attention become more difficult, there is a tendency to reverie and day dreaming, largely because these are easier and require less energy than the active, purposeful mental states. Third, there is an increased liability to emotional outbursts, especially of fear and that form of anger called irritability. The neurasthenic patient, both as to cause and effect of his condition, worries, fears for his own health in that ignoble form of worry called hypochondriacism, bursts into futile anger over trifles, and finds things disagreeable which formerly were indifferent or even pleasurable. There is a markedly lowered capacity for feeling pleasure and satisfaction, an anhedonic state of great importance to the patient. The neurasthenic patient is generally moderately depressed and pessimistic, and though not sick in the ordinary sense of that term, is certainly not well in the fullest meaning of that word. I have not here mentioned the numerous aches and pains of which the patient complains, the queer fleeting disagreeable sensations, the difficulty with sleep, the loss of appetite, the hot and cold feelings which the physician calls vasomotor unrest, and the thousand and one manifestations of the rich symptomatology of neurasthenia.

The Freudians have found as basic in all this, complexes of various sorts, persistent remnants of a primitive sexual attraction to the parents, the struggle of subconscious, antisocial erotic states against conscious inhibiting forces. Whether we accept or reject the Freudian philosophy, and whether we accept or reject the play of the subconscious, this can be assumed—that every human being is a pot boiling with desires, passions, lusts, purposes, ideas, and emotions, some of which he clearly recognizes and clearly admits, and some of which he does not clearly recognize and which

he would deny. These desires, passions, purposes, etc., are not in harmony one with another. They are often irreconcilable and one has to be smothered for the sake of the other. Thus a sex feeling which is not legitimate, an illicit, forbidden love, has to be conquered for the sake of the purpose to be religious or good, or the desire to be respected. So one may struggle against a hatred for a person whom one should love—a husband, a wife, an invalid parent, or a child whose care is a burden—and one may refuse to recognize that there is such a struggle. There is in every human breast, regardless of what he may say, some envy of the nearest and dearest. There are soul-stirring, forbidden passions and secret revolts against morality and law which may rage in the most puritanical breast.

Especially difficult and undecided are the struggles in the case of the neurasthenic. Literally, secretly or otherwise, he is a house divided against himself, deënergized by fear, disgust, revolt, and conflict.

The housewife we are trying to understand is particularly such a creature with a host of such influences playing on her, buffeting her. But one must start, in a consideration of the nervous states of the housewife, with the physical causes of her difficulties. It is a cardinal principle in mental hygiene, and must always remain so for any practical working basis, that the mind is a function of the organism, clearly dependent upon that organism, and reflecting its condition as well as influencing that condition. This needs no elaborate proof. Every case of fractured skull, general paresis, endocrinal disturbance, infectious delirium, alcoholic mental disturbances, and the like, prove it, and every man who takes a drink of coffee to make himself think clearer, who lies down to rest so that he may better formulate his purposes, and who finds that the condition of his bowels is reflected in his mood and

his energy, accepts the dependence of mind upon the condition of the organism, whether he consciously affirms parallelism, dualism, and other metaphysical and theological dogmas.

(a) Ill health in any of its forms may be masked by what seems to be neurasthenia. Thus the housewife suffering with early tuberculosis, or some metabolic disease like diabetes, or anemia in any of its forms, or who is so unfortunate as to have syphilis of the nervous system, or hyperthyroidism, may be nervous and express a lowered physical condition by fatigue, irritability, depression, sleeplessness, and the like. In every case where nervous symptoms manifest themselves, and therefore this is true of the housewife, a thorough physical examination made by a competent physician is essential in order to exclude or rule out, as the physicians say, organic disease of the body. This cannot be too strongly emphasized. Many an amateur counselor seeking to cure what he calls mere nervousness, is in reality dealing with a grave disorder of the body which needs skilled and special attention.

(b) Following exhausting diseases the convalescent period is often marked by neurasthenia. This is especially true of such diseases as pneumonia and influenza, and follows upon surgical operations. The housewife in poor financial circumstances rarely has opportunity for sufficient convalescence from her illnesses and must return to the burden of her work when the acute symptoms have passed, often to her lasting injury. Further, childbirth often leaves injuries which need attention, and again the poor housewife, lacking, as she often does, skilled medical attention, drags herself around maimed and injured in such a way as gradually to deplete her of energy and strength. It is true, also, that modern woman seems less able to bear children as compared with her prede-

cessors, and each childbirth may plunge the predisposed woman into neurasthenic states.

It is necessary to repeat and reëmphasize the foregoing. In every case where nervous symptoms appear in the housewife, a thorough physical study is essential: first, to remove from consideration those cases which are not really neurasthenia or nervousness in any of its forms, but which are serious organic diseases; and second, to discover those physical conditions which operate to bring about neurasthenia.

Perhaps of greater interest than the physical causes of neurasthenia in the housewife, are those causes which we may, for the sake of convenience, call psychical or environmental causes. Here we deal with a complex situation and one deserving the closest attention. The human being reacts to his environment, to the social and emotional situations in which he finds himself, in many ways, and one of these ways is neurasthenia. Neurasthenia represents a maladaptation to the situation, a maladaptation characterized by emotional and mental reactions which impede the energy of the individual.

What is the situation in relation to the home in which the modern woman finds herself?

One of the outstanding characteristics of the last century, and including our own times, is the rise into equality of woman. Formerly a chattel to be classed with domestic animals and household goods, she has risen to an almost complete equality in the eyes of the law in matters political, social, and conventional. This tremendous change, however, like all reforms, has brought its own penalties and disabilities, for the home which she occupies as housewife has altered its traditional form in much lesser measure than has the rest of the world in which woman lives. The home was made for the woman content to be a housewife, having but little experi-

ence in other activities,—in a word, the domestic woman celebrated by King Solomon in his wonderful poem:

> She seeketh wool and flax,
> And worketh willingly with her hands.
> She is like the merchant ships;
> She bringeth her food from afar.
> She considereth a field, and buyeth it.
> With the fruit of her hands she planteth a vineyard.
> She girdeth her loins with strength,
> And maketh strong her arms.
> She perceiveth that her merchandise is good.
> Her lamp goeth not out by night.
> She layeth her hands to the distaff
> And her hands hold the spindle.
>
> She is not afraid of the snow for her household:
> For all her household are clothed with scarlet.
> She maketh for herself coverlets,
> She maketh linen garments and selleth them,
> And delivereth girdles unto the merchants.

But the woman of to-day is as well educated as her husband, often much better, has much experience in the world, usually has been occupied in industry in one form or another before marriage, has been independent, taking care of her own finances, earning and spending her own money,—in a word, her early experience and training are nondomestic, often actively antidomestic; whereas, as housewife, her main qualification for success is domesticity and the love of the household task.

It is a fact, however much one may deplore it, or believe that it is working against the stability of the home, that the average woman of to-day finds housework and homework

monotonous. After all, monotony, like all other things in the world, is a relative matter. What is interesting at one stage of life is monotonous at another; what is interesting and brings content in one phase of social development is monotonous in another phase. The peasant woman, the domestic woman, finds housework pleasant, even if laborious. She has few conflicts, is single-minded in her purposes, and is not readily disgusted. The woman of our day is more apt to be complex in her purposes, to be divided in her nature, to want to do her work in the home well and with the last measure of perfection, yet to hate it, and wish to turn it over to domestics (who, because they are also women, are increasingly difficult to find except amongst the raw immigrants),— in a word, to find housework monotonous. Monotony lowers energy, brings discontent, corrodes purposes, and has an undermining effect which, in one of its manifestations, is neurasthenia.

Housework has the added disadvantage of being, on the whole, a sedentary occupation. It is indoor work, and though there is physical labor associated with it in certain of its phases, as in washing and ironing, it is not the type of physical labor which tends toward health. The indoor woman doing her own cooking and having a thousand little tasks continually obtruding upon her, is apt to neglect her bowels, to neglect her food, or to eat in an irregular fashion. It is a truism amongst physicians that the housewife is a constipated creature, and this is an index of a general lack of attention to hygiene, which has its effect upon the health. After childbearing, and especially in the case of the poor housewife who has insufficient time for recuperation and perhaps unskilled medical attention, injury to the pelvic organs increases the difficulties of the gastrointestinal tract, and furthers the housewife in her path toward neurasthenia.

This, however, is a digression from the consideration of the so-called psychical causes which operate to bring nervousness to the housewife. We must pass over such things as original temperament, which, in the case of some women, whether or not they are housewives, would lead toward functional nervous disorders. There are some people, men and women alike, irritable by nature, lacking endurance, oversensitive to trifles, given to fear and futile anger, whom life treats hardly, and who find the world a difficult place to live in. Such women are not benefited by matrimony except under the most unusual circumstances. The popular phrase, "this is no place for a nervous person," applies with distinct force to matrimony under present conditions.

Of fundamental interest are the housewife's relations with her husband. In other days there was but one legally recognized will in the household—that of the husband. He was lord and master, and properly expected an obedience from his wife, which in her turn she expected to give, though there is sufficient evidence in the popular literature of all nations and of all times to indicate that, even in those halcyon days for the husband, there were housewives who were shrewish, hard to manage, and given to vagaries of conduct difficult for him to understand. At any rate, legally and in large part actually, there was one will in the household. With the rise into equality of womankind, with the development of her own individuality, with her expectation that her desires, wishes, and purposes would be regarded as, at least, of equal merit to the husband's, there is the natural consequence of two wills in the household. These two wills may be harmonious, or there may be an adjustment on a satisfactory basis, but very frequently there is not. It is in the conflict of wills, the clash of purposes, and the blocked desires from which there arises the nervousness of the housewife, just as these

are factors in all of human nervousness. The tradition of one will with the fact of two wills adds complexity to the situation and brings disunion and difficulty into the home. A frank acceptance of the fact that the housewife is the equal of the husband in the management of their married life would be better than the present halfway state of traditional male leadership with actual divided leadership.

It is not sufficiently understood that the desire to rule is a primitive and universal trait. Wherever there is a group, large or small, there is a struggle for supremacy. To be supreme, to want to be boss, to have things one's own way, these are various trite expressions of this ever-present desire. There are various ways of getting one's way. One is through direct power, another through strategy, a third through persuasion, and the fourth is the way of weakness, which is to get one's way by playing on the sympathy or the emotions of the opponent. In the struggle between the mates, the woman's position is the weaker, possibly through the natural differences of the sexes; but in part due to a weaker financial and economic situation. So, consciously or unconsciously, she often seeks to win through her symptoms—fatigue, aches and pains, or distress of one type or another. Thus she weakens the will of her mate by appealing to his sympathies, or by making him uncomfortable until he yields. This type of striving for power is especially common in what is known as hysteria, but is not unknown in normal women.

What are the situations around which conflict comes?

One may frankly state that at least as important as any is the spending of the family funds. A revolution has taken place in regard to this. In former days the husband spent the money of the household and arranged for the purchase of food, clothing, and of all the essentials of life. To-day he spends relatively a small part of the earnings, and entrusts

or gives over (whether he entrusts or not) the funds of the household to his wife. This is true, at any rate, in America, which foreigners define as the land of the hen-pecked husband. But woman is intensely competitive in her nature, especially with her fellow woman, and so she spends money in a sort of competition with her neighbor for clothes, household furnishings, luxuries, and one thing or another. The American husband, who in his own way is fully as extravagant as his wife, inwardly or openly rebels against the habits of his wife, and there is probably more quarreling over the matter of expenditure than upon any one other subject, more definite conflict and difficulty.

The extravagance of the American housewife is due, in large part, to the huge development of the department store and of advertising. Look over the columns of any magazine and note that the most advertised articles are luxuries. Pass through the streets of any great city or of any small city, and the display of tempting and attractive garments is such that one wonders that any woman can remain frugal and thrifty. Business is in a conspiracy against thrift, and especially the thrift of the housewife. There has been established in expenditure a democracy which exists in nothing else. All this display of luxury, and a large part of the increase in taste and refinement, has had the natural result of bringing discontent to the heart of the average woman denied the finest things. The higher the tastes are raised, the more liability there is to frustrated desire. He who wants little, remains crude; he who wants much and is not easily satisfied, readily finds disillusionment and discontent. Woman seems more sensitive in her tastes and more eagerly a searcher for the "nice" things of life than is her mate. This brings disharmony into the home, a disharmony which has its results in open and in subtle ways.

Sex in Its Relation to the Neurosis of the Housewife.

MARRIAGE is fundamentally a method for the regulating of sex relationships. Therefore, a consideration of sex is fundamental in any discussion of matrimony. Everywhere there is a public conspiracy of silence about the relations of man and woman, though in smoking room and boudoir these are discussed frankly enough, but with a tremendous amount of ignorance. The novelists, and especially the romantic novelists of America and England, have covered over matrimony with the prudish veil of romance. Even as yet the woman knows but little fundamentally of the sexual life into which she is to enter with marriage. The sexual relationship ought to be discussed openly, and with authority, with every man and woman before the marriage day. The technique of giving sexual satisfaction should receive attention. The few silly and half-jesting words which are whispered in the ears of bride and groom before they slip away for the honeymoon are no preparation at all. A frank acceptance of the fact that there is an honest pleasure to be obtained in the intimate relationships of men and women, a pleasure which needs a knowledge of the psychology and physiology of the mate, would reduce the divorce rate, at least in part, and would certainly diminish much of the neurasthenia of the housewife.

The birth-control movement has complicated matters. The fear of childbirth which is now so prevalent amongst modern women, or at least the desire to limit the number of children, has operated to increase neurasthenia. This is not to say that excessive childbearing is a good thing—in fact, I believe it to be distinctly a bad thing both for the woman and for society. But whether birth-control is a good thing or not, contraceptive measures diminish the pleasure of the sex life,

add to it a factor which interferes with satisfaction, and often operate to bring about disgust. By interfering with a race-old discharge of nervous tension and energy, such measures often lead to disorganization of these nervous energies to the point of neurasthenia.

I have said enough to show that the preservation of the mental and nervous health of the housewife is not only a problem of the individual household but a problem of society as a whole. There are great trends in our social evolution which make it more difficult for women to be content and happy in the home. Nevertheless, there are certain fundamental procedures which do not require a social revolution or a change in social evolution to accomplish, but which are in the reach of the individual housewife and those interested in her. She must seek to preserve her physical health. She must get sufficient outdoor exercise and sufficient relief from the four walls of her home. After childbirth she should convalesce for a sufficient period of time and the best medical attention should be given to her. She should eat regularly, take proper care of her bowels, and avoid the irregular, unmethodical habits which raise havoc with her endurance and health.

We pass to more complicated and less easily obtained therapeutic and preventive measures. It ought to be frankly understood by men and women entering marriage that mutual adjustment in a harmonious home depends upon what may well be called a graceful recession of the ego. By a graceful recession of the ego we mean the voluntary abdication of any divine right to rule on the part of either mate, an understanding that matrimony implies a loss of individual freedom in certain directions for the sake of something which is on the whole better. Something of the courtesy, consideration, and lack of routine in the manifestations of love

which characterized courtship must deliberately be brought into married life itself. The sensual side of matrimony must not be regarded as unworthy of close attention and the adjustment physically of partner to partner must be made not only through the painful teaching of years, but an effort to deliberately acquire it early will stabilize marriage for many a pair.

It is not the office of this paper to discuss the larger questions on this subject, as, for example, whether a woman may have a career and a home at the same time. That the increasing individuality of woman and her greater freedom will change the character of the home seems to me to be certain. We must accept this as a fact. We must be prepared for the belief that the home must be as flexible as the other institutions of society and must change its character with the changing development and changing needs of men and women alike.

II. The mental hygiene of the child in the home.

The home has its main justification in the care it offers to the child. The childless couple are entitled to a home, but fundamentally their home is not fulfilling its main function. Unless it fosters the welfare of the child, the home is an extraordinarily extravagant institution. Each home with its individual kitchen, its individual heating and lighting and laundry, its elaboration of furnishings, its dedication of at least one woman to the task of keeping it tidy and efficient, and the dedication of one man to the task of producing goods enough to support it, is a monumental folly from the economic standpoint. But if the home furnishes the child with the kind of individual attention which fosters his individuality, if the home gives him the best kind of care for his developing body and mind, and if also it offers him an ex-

ample of altruism, disinterested affection, and love, then no matter what it costs it is justified. True, there have been social organizations in which the child was cared for by the community as a whole, and in the notable case of Sparta a very efficient warrior state was created, which, however, was deficient in practically every other respect. It is also possible that the individuality of the home prevents the growth of the finest social feeling, that it becomes too exclusive and shuts out a certain flow of social feeling which would operate to remove communal strife, communal jealousy, and communal warfare. While we are not directly concerned with this phase of the question, we must define as the efficient home the one which offers individual attention to the child physically and mentally, gives him affection and a growth of tender feeling, but does not at the same time tie him too vigorously to itself, and allows him to grow in communal feeling as well as in domestic attachment.

We must pass over very briefly as essential to the mental health of the child those physical factors which, as has been stated before, are basic in mental hygiene, but which are especially important in the case of the child. There are homes and homes, and as many different kinds of homes as there are different kinds of parents. Mother- and father-love do not teach, instinctively, the proper physical care of children. Nutrition is the basis of all hygiene, mental and physical. The proper diet in proper amount is as yet unknown to the average parent. In early childhood all mental training must be made secondary to nutrition. The risk of "spoiling" a child is a small matter compared to malnutrition.

The importance of sufficient sleep, regular habits, especially in the earliest days of infancy, must be emphasized even at the risk of banality. As corollary to this, hastening of

the child's development is especially to be condemned. Many a proud mother spends hours trying to teach her child to paddycake when paddycaking has no special value to the child, and is only a means of gratifying the mother's egotism by showing off her clever baby. Especially to be condemned are efforts to teach the child to walk ahead of its time. Ordinarily, when the time for the child to walk comes, it will walk. A long preparatory stage of creeping and of standing is necessary for walking and the physical basis of this is a development of nervous structures and of muscular tissues which cannot be hastened. When the motor tracts become myelinized and the skeleton has enough calcium in it to warrant the upright method of locomotion, this will inevitably come to pass. And talking, too, need not be hastened. There is in man a natural urge to talk and he will become an articulate member of society when his development permits it without much urging or bother on the part of the parents. In a word, overstimulation of all types in early childhood is to be condemned. Nutrition, rest, and the formation of regular habits as part of a placid, orderly life are the essentials of mental hygiene at this stage of every career.

We must here consider the part of play in the mental development of childhood. We are often at the mercy of the several meanings of words and we are apt to think of play as it exists for us who are adults. For us play is a relaxation, a means of escape either from our overserious purposes or from our inhibitions. Play means relief from the routine of our strenuous efforts or from the monotony of our lives, and it means relaxation from customs which wear upon us. It is not the main business of our existence. . . . To the child play is a serious occupation. Children at play rarely smile. They are very serious and deeply in earnest. It is only when

they commence to have regular and routine tasks that play commences to appear as an escape. In earliest childhood it is the all-engrossing occupation, and, further, it is the main avenue of education. It teaches the child, to use Chesterton's phrase, "the hardness of wood and the wetness of water." In play the child experiments with life, he learns the fundamentals of existence, and commences to understand will and power, resistance and the like. Play is his form of gathering experience and later becomes his preparation for the serious activities of his adult life. Further, in his play with his fellows he enters into real social existence. Until the time when the child steps out of the home he has an involuntary social life, and one not of his choice. He is not associating with his fellows or his peers. He accepts the rules of others without understanding them. With his entrance into companionship with the two-year-old next door and from that time on, he learns the meaning of rivalry, coöperation, and leadership. He learns to adjust his purposes to the purposes of the group, as well as the art of changing the purposes of the group. He mingles in a world whose ideas are on his own intellectual level, enters into argument and discussion, develops traditions, ethics, codes, and plans fitting his years and development. He reacts to a social life from which he may pass into the social life of older groups, and finally into the greater social life of adult society with its traditions, habits, customs, codes, and culture. But unless he is successful in the social life of childhood he will scarcely be successful in the social life of maturity, and play offers him the most important introduction to this social life of childhood. Therefore, in early childhood play is more important than study and should never be subordinated to it. It is only as the child grows older, say at ten, eleven, or twelve, that study should become an important feature of his career.

Praise and Blame, Reward and Punishment as Factors in the Development of Childhood.

THE elder Mill said, "The proper distribution of praise and blame is the chief problem of society." The human being is so organized that the opinion of his fellows is an impelling motive of greatest force. But opinion, good or bad alone, is only a part of the technique by which individuals are governed by society. Reward and punishment may be coupled with praise and blame in guiding or driving the human being along pathways of conduct.

Before the child develops an individual conscience he must be guided by the praise and blame, reward and punishment of his elders and those around him. The child learns early that the two large people who hover about him are devoted to him, that they give him food when he is hungry, change his clothes when he is wet and uncomfortable, carry him from place to place, and devote themselves to his welfare and entertainment, though of course he only formulates this conception of his parents in a vague series of mental reactions. But he also learns very early that they have power to prevent him from doing what he wants to do, and he learns "no, no" as part of a policy of prohibition which is to extend throughout his life. In the course of time he learns that good and bad are associated with certain attitudes of his parents toward him, what they term good being associated with friendly smiles, pleasurable facial and verbal reactions, and by rewards of one type or another; what they term bad being associated with unpleasant facial and verbal attitudes, and often with direct pain and degradation. The child has no standard of his own, at least at first, except that on the whole it is pleasurable to get what he wants, but this becomes unpleasant if associated with the displeasure and

the punishment of society as represented by his parents. The reins by which the child must be guided are praise and reward, blame and punishment, and each of these is essential. I say this with emphasis because there has grown up a belief that pain and punishment are unessential and detrimental to the development of character. But life has a habit of punishing for faults or mistakes. One learns not to handle fire by the pain of burning; one learns that if cats' tails are pulled cats have claws, that sour apples give colic, and that the boy in the next block if not treated properly may punish by fist and foot. Throughout life pain is a method of learning and it may be cruel to withhold pain. It is surely better for the child to learn that pain follows nonconformity and unsocial conduct at the hands of those who love him than to defer that lesson and learn it from those who do not love but who will be malicious in their punishment.

Further, there is an individualization in reaction to praise, blame, reward, and punishment as there is in every other quality of the human being. It is a truism and a starting point of all education in childhood that the average child exists only in statistics and that each child must be studied by itself. So there are some children who react remarkably well to praise and who need but little blame or punishment, and there are other children whose materialistic souls are moved only by reward or else by punishment, who say, "Sticks and stones may break my bones, but names will never hurt me." It is interesting to study the individual child to learn when and how to praise or blame, when and how to reward or punish. Trial and error is the method that the parent must employ. The essential in the use of these methods, before the individual develops his own inner mentor, is to use praise and reward so that they stimulate rather than render the child self-satisfied and complacent,

and to employ blame and punishment so that while they hurt they do not too greatly lower self-feeling and bring about lasting humiliation and resentment.

The Struggle between the Two Generations in the Home.

WITHIN the limits of this paper it will be impossible to discuss further other fundamental aspects of the mental life of the child within the home. I turn, therefore, to an interesting phase of the parent-child relationship, one which exists in every home and has existed in every age, and which we may call the struggle for power of the two generations. Up to the time of puberty the child is on the whole helpless as against the parent though he may develop a technique for dealing with the parent by rendering him uncomfortable or by refusing obedience despite punishment. He is, nevertheless, inferior in strength, sagacity, and general position. At puberty growth takes place in all directions and rapidly, so that somewhere around fifteen or sixteen for the girl and seventeen or eighteen for the boy the child has reached almost the height of the parent and stands for the first time face to face with him. This physical development is a very important matter in bringing about a readjustment of the attitude of the child toward the parent. It is easy and natural for us to give unqualified obedience to those decidedly superior in stature and physical strength, but it is not so natural nor so easy to yield that obedience to those of our own growth. If the child at that age is not quite an equal in actual physical strength to the parent he is usually more enduring, fleeter, and more nimble, and has points of superiority of an incontestable kind. Certainly from the point of beauty he is usually far superior to the parent, and in the

case of the girl this is a matter of tremendous importance in determining her reaction to her mother.

With puberty the mental life of the child takes a huge leap forward and the child acquires in part the adult reactions, having by this time developed sex feelings and sex attitudes, and has as a rule quite well-developed opinions of his own as to what is proper and improper in conduct. The attention of men, the fact that she is now admired and flattered, acts as a great stimulus to the ego feeling of the girl. The accession of physical strength, the fact that he often enters into wage-earning on an independent basis, acts similarly to increase the self-feeling of the boy and to bring about a yearning for independence and freedom from restraint, which bring him into a clash with the parent.

The exercise of power is a great pleasure to all human beings, and to many people the only place where they can exercise power is in the home and over their own children. The tradition of absolute obedience on the part of the child still exists, and even if it did not exist definitely formulated it would exist in the consciousness of the parent because of the pleasure the exercise of power gives. So that while the child has grown and reached a stage of development where it is necessary for the parent gracefully to recede his ego in dealing with the child, this is exactly what it is difficult for some parents to understand. Furthermore, each generation views the conduct of a succeeding generation with a conservative eye, in other words, with disfavor, suspicion, and the blatant accusation that its manners, morals, and general conduct are inferior to its own; in short, that children have degenerated as compared with their parents. This cry has been raised in every generation, and undoubtedly from the earliest days of man parents have said, "It was not like this in our day; the next generation is going to the dogs." This

is part of the defense-reaction on the part of the "receding generation," to contrast them with the "advancing generation," the children. What is really taking place is a quarrel between two cultures, a quarrel between two ways of looking at life and two sets of habits and customs.

While this struggle between the generations is acute enough between the American-born parents and American-born children, it is especially bitter and severe in the case of those families where the parent is a foreigner and his son or daughter is American-born and bred, or at least American-bred. For here there is added to the natural difficulties a very intense intramural warfare between European and American ways of thinking, feeling, and doing. The parent is not at all of the belief in the majority of cases that American culture is superior to the European culture. As a matter of fact, he is usually of the reverse opinion, and does not hesitate to express his belief that the old world is immeasurably superior in its ways and that the American children are "crazy," to use a favorite term. On the other hand, the child feels keenly the unfashionable and often uncouth ways of the parent, his dialect, his foreign ways, and resents bitterly the discipline and control which this foreigner attempts to exercise over him, an American. "That was all right in Europe," he is wont to say, "but this is America and I am going to do what we do here." Secretly, he is ashamed that his father is a "harp," a "dago," or a "sheeny," and his desire to be loyal struggles with his rebellion and feeling of inferiority in a way that is often disastrous to his peace and the peace of the home. Between the parent generation of foreign birth and training and his American descendants, whether it be in the Irish-Catholic home, the Italian, Polish, or Jewish home, there takes place a struggle which often ends by the child seeking the streets and drifting very far

indeed from the parent. For the streets offer, and especially to the slum-bred child, a freedom from restraint and inhibition, a sense of independence and individuality, which is very sweet indeed, and as dangerous as it is sweet, for the child in the street is subjected to temptations and to influences which lead often enough to disastrous endings.

It is just at puberty that the child needs guidance, for, despite his own feeling of equality with his parent, despite his own sense of importance and knowledge, he is lacking in experience and that outgrowth of experience, judgment. Though he is often the equal, and not infrequently the superior, of the parent in actual book knowledge, his attitudes toward life are crude and his impulses need restraining. Happy is the home wherein the parent has gradually given to his child more and more power as his development has increased, who has gracefully given up the doctrine of absolute obedience, and has succeeded it with the policy of comradeship and fellowship. As an elder fellow and as a comrade of greater experience he will, in the majority of cases, be accepted by the child as a fit guide and counselor. As an autocrat he is rejected, and especially by the American child of this day and generation. The parent, too, must keep in mind that differences in custom, viz., the length of skirts, the kind of music, the variety of slang, etc., are of little real importance and that such matters need not be made critical or an issue over which the family peace must be split. If the parent would stop and ask himself, "Is this particular habit of the child to which I take exception merely a custom, a foible of the day and generation, or is it in reality a lowering of morals?" he would find himself impelled in the majority of quarrels to the former opinion, that he is making a fuss over what is a mere matter of fashion. Most wars in all ages have been fought over relatively unimportant matters and

this is as true of the war between the first and second generations as it is of nations. What has usually been behind wars is a lust for power and the exercise of authority, and this is true of that intramural warfare which is here characterized as the war between the rising and receding generations. Conflict between the two generations will always take place, but there need be no war and bitter battle if the parent, who after all is the only one who may be expected to have wisdom, will exercise that wisdom by guiding without autocracy, and counseling without too blatantly manifesting superiority.

More, and much more, might be said of the mental hygiene of the child in the home. The essentials of what has been said and what has been left unsaid may be briefly summarized as follows: The physical health of the child is basic in all programs of mental hygiene. The development of the child must be guided on the basis that childhood in itself is the most enjoyable and happiest period of life, and that the good and successful adult is the one who has been a good and successful child. Children must not be robbed of their childhood by any effort to make them prematurely men and women. They must be allowed the right of play and social contact of their own. Above all, each child must be considered an individual. The parent must utilize principles of development and training, but not sacrifice the child to them. If the principles work, well and good; if not, new principles and a new technique must be found and used for the individual child.

Mental Hygiene Service for Children

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THERE is something almost pathetic in the intensity of popular interest which nowadays is being shown in the study of the human mind. Some of this interest is rather primitive in quality and harks back to ghostlike conceptions of the mind; but much of it is intelligent and rationalistic. The war doubtless quickened all this interest; but it did not create it.

Far into modern times we have been suffering from a kind of starvation of knowledge concerning the elementary laws and processes of the human mind. Metaphysics, through the centuries, has developed system upon system to explain the essential nature of being, including the soul; but these ontological systems have thrown scant light on human nature, and have not become part of popular knowledge. Theologies have combined with metaphysics to explain the mind, but often with similar futility. The doctrine of child depravity was widely accepted from the time of St. Augustine to that of Jonathan Edwards, and is an historical evidence of monstrous misinterpretation of the psychological significance of childhood. We are still suffering from a deficiency starvation in this field of knowledge, because the scientific study of human behavior has been so late and so encumbered in getting under way.

Modern psychology and modern psychiatry have undertaken to travel new roads of approach to this world-old

question of the human mind,—the famous city of Man-Soul, as Bunyan called it. They recognize the futility of pure speculation and the limitations of pure mysticism. While they would recognize that the so-called human soul is the most intricate, the most baffling, and in a sense the supreme of realities, these sciences cannot admit that the human mind is a reality altogether apart and altogether unique in the order of nature. On the contrary, it is a living part of the order of nature, conditioned and conditioning. It is something to be studied, understood, interpreted, and rationally controlled; just as other manifestations of nature, organic or inorganic, are to be studied and understood and perhaps controlled. There can be nothing crass in such a view. In the end it will exalt the significance and the possibilities of personality. With the growing complexity of life, are we not in danger of becoming victims of "personality forces" unless somewhat stoically we study those forces, in ourselves and others?

Naturally, we are beginning to attain this very point of view in the mental hygiene of children. However nebulous and aspirational mental hygiene may appear in other connections, when it comes to children its objectives become comparatively clear, concrete, and tangible. We have even begun to talk, with some assurance, about mental hygiene programs and mental hygiene service for children. This assurance rests on three simple propositions:

1. Every child is endowed with a personality.
2. This personality *grows*.
3. This growth can be guided.

(Psychiatrists and mental hygienists persist in using the term personality in these lectures because terms like consciousness, psyche, and even soul do not carry the same substantive connotation of real being.)

MENTAL HYGIENE SERVICE FOR CHILDREN

The Early Development of Personality.

LET us visualize the possibilities of developing a mental hygiene service for children, by taking a telescopic view of the stages and factors in the growth of personality. This period of growth or maturation is a long one. The wisdom tooth ordinarily erupts at the age of twenty-four, and this is at least an anatomical index of maturity. The biologist regards the period of development or maturation as extending from birth to the twenties. The first permanent molar erupts at six, the age of compulsory school attendance. The next six years bring the child to his teens and to the second molar. The following twelve years are those of youth and adolescence; years of great importance in the guidance of human behavior. I shall, however, devote myself chiefly to the school years and the preschool years, which embrace the most fundamental and formative period in the development of a human personality. And of these dozen years the first six, the preschool years, are unquestionably the more consequential.

In sketching this early development I shall make use of observations which we have made on numerous normal infants who have come to our university clinic, where we have been particularly interested in problems relating to the mental hygiene of the preschool period.

We may begin with the zero hour of birth, "when the poor babe, too, like a seaman wrecked, thrown from the waves, lies naked o'er the ground." Not much evidence of personality here. So devoid of it is the new-born babe, that adjectives such as limp, shriveled, parboiled, and molluscous have been applied by observers. Even the sympathetic James doubted that the neo-natal baby has a stream of consciousness, and suggested that its world is a "big, blooming, buzz-

ing confusion." But Wordsworth saw clouds of glory and Kant imputed intelligence to the first cry, calling it a cry of wrath at the catastrophe of birth!

Well, the baby has at least the germs of personality. He is in possession of his full quota of nerve cells, some 10,000,000,000, and many of these are elaborately and fully organized into governing systems, which control the vegetative life that is basic for all of us. His heart beats rhythmically and adaptively; he can respire, he can cry; his extensive, involuted gastrointestinal tract is under nervous regulation; he can eat, yawn, stretch, and sleep; he can spread his fingers, close his hands, and raise his head a bit. He can sneeze, —a most complicated act, the mechanism of which only a postgraduate student in neurology can describe; but which the baby performs without a diagram or text. Very gently pinch the baby's nose and he makes a definite defensive movement. There can be no doubt about his inherent will to live.

In four short months he is beginning to raise his back from his pillow, to take notice, to follow moving objects with his eyes, and to make struggling gestures toward them.

In two more months at the age of a half year, he can sit up, his head no longer wobbles, he can grasp an object, he can lift a cup, he can bang, crumple, tear. He can hold a bottle while nursing; if it slips he can restore it to his mouth —the beginning of self-help. And it is apparent that his numerous reactions are suffused and bound together by emotional attitudes,—personality is in the making.

At the age of nine months, there can no longer be doubtings about the presence of personality traits. He is an active, engaging, inquisitive individuality. Put a little red cube in his right hand, he takes it; put one in his left hand, he takes it; offer him a third, he takes it, sometimes by mouth.

Dangle a ring just out of his reach; he strives for it with much persistence; he says Dada; he responds to music. Place a tiny pellet before him, he picks it up with a deft fine prehension of thumb and finger, and of course puts it in his mouth. But he has advanced leagues beyond the purely gastric stage of a few months previous.

At twelve months he is a personality in miniature. He can stand up; he can articulate; he can scribble with a crayon; he can place the circular block in the psychological form board; he can unwrap a cube from its paper wrapping; he tries to put on his shoes. Emotionally he is indeed a little person; he has fears, shyness, reluctances, inhibitions; he has his angers and tantrums; he is assertive, self-preservative, he may be jealous; he has his affections, preferences, prejudices; he is at least imitative if not sociable, and he even pretends to do what he can't do,—he pretends to read, to comb his hair, to smoke. He may show imitative sympathy; he may hold his breath and turn blue when something is taken away from him. Even at the tender age of one he may be the victim of vicious habits and vicious upbringing.

On the other hand, we have seen a considerable number of yearling babies at our clinic whose personality could only be described by such adjectives as good-natured, poised, executive, independent, wholesome, amiable, alert.

The amount of mental growth which takes place during the first year of life is unparalleled; but the rate of growth is intense throughout the whole preschool period. There is a consistent rapid advance in the range and penetration of intelligence. At two the child can put three blocks into a form board; he can name five simple objects; he can use simple sentences, turn a door knob, and feed himself with a spoon.

At three he can draw a circle, use three prepositions, count

four pennies, and put on his shoes. At four he is ready for kindergarten.

At five he can name four colors, perform three simple commissions, draw a recognizable picture of a man; and construct a wagon, a house, or an aeroplane, out of paste, pasteboard, sticks, and spools.

At six he is ready for school. He may not have so much as seen a book or a primer; but he has already mastered the alphabet of living; because during these preschool years he makes his first contacts with life, and acquires those foundational habits and attitudes which are at the very core of personality, and at the heart of mental hygiene. For better or for worse, he is a relatively well-organized product by the time he slings the school bag over his shoulder.

In the school years from the six-year molar to the teens he is systematically introduced to the more recent heritage of the race, to reading, to writing, to the greatest common divisor and the least common multiple. He learns to spell, to cipher, to bound countries, to recite history. He reads perhaps a thousand pages of literature and masters the spelling of as many words. He learns something of music, painting, drawing, modeling, general science, physiology, dancing, civics, dramatics, handicraft, grammar.

His mental growth, however, cannot be summarized in intellectual terms alone. His total personality continues to grow and to organize under the inescapable laws of stimulus and response. The emotions and dispositions have no conspicuous place in the curriculum, but they are undergoing constant education,—mostly incidentally, at home, on the streets, in the playground, during recess and vacation. During idle moments, and extracurriculum activities, as well as during recitation periods the personality is elaborating its structure, and chiefly along lines that were anticipated in the

preschool period; for then the foundation and the frame of the structure were reared.

So summing up the remarkable psychological development of childhood in one compound sentence we may say that the mental life begins on a low "molluscous," vegetative level and in a dozen years rises to a familiarity with the fundamental operations of arithmetic up to and including fractions. The child is then qualified to meet the educational requirements of the employment certificate; and at fourteen he may actually become a wage-earner.

From the standpoint of normal mental hygiene what are his chief assets, as an infant, a child, a wage-earner, and ultimately as a parent or citizen? There are four fundamental factors at the basis of mental health and mental stamina; and with these four factors both preventive and corrective mental hygiene are continually concerned. My comments on them will be very brief.

1. *Intelligence and Knowledge.* Intelligence is the capacity to make mental adaptations. It is inborn, but it is also conditioned through habit and through information. The right kind of knowledge, book and otherwise, increases mental power; but knowledge in a purely intellectual sense is only the beginning of wisdom.

2. *Sense of Values.* The child must not only know, but he must know in due proportion, and with proper emphasis. The adequate appraisal of reality; open-mindedness; unwillingness to evade reality; the ability to see failure, evil, truth, justice; an imaginative sensitiveness to what others are thinking and feeling particularly about us (the apperceptive side of sociability); the homely virtue of common sense, and the vital spark of mental sanity called the sense of humor;—these are all part and parcel of the aesthetic sense as it per-

tains to the most complex of all the fine arts, namely, the art of life.

3. *Emotional Control.* Emotions relate to the energy aspect of behavior. They vivify, impel, repel. Pathologically they tend to become exaggerated, depressed, displaced, and masterful. Control can in a measure be achieved through training, organizing, and balancing of trends. Negatively such control consists in the avoidance of moodiness, sullenness, impulsiveness, suspicion, jealousy, grudge, excitability, and egocentric sensitiveness. The spoiled child represents a personality spoiled through faulty emotional training.

4. *Morale.* This factor is in a sense the summation and expression of the other three in the hourly problems, the everyday perplexities, and the occasional emergencies of life, whether military or civilian, whether juvenile or adult. It is a form of mental preparedness which reflects not only our deliberate attack upon life, but our unconscious trends. It is the crucial test of what is both physiologically and psychologically called *integration.* High morale depends upon high integration. It is the equivalent of Emerson's self-reliance; for it is nothing less, and it is nothing more, than our personality sense, adequate or inadequate, as the case may be. It is the psychological analogue of physical stamina. Indeed, the better half of "physical stamina" is often morale.

Mental health is, therefore, a relative term, an algebraic equation which we can roughly decipher in others and in ourselves. When we are dealing with children, whether average, superior, subnormal or abnormal, we may always appraise their mental health status in terms of 1. Intelligence, 2. Sense of Values, 3. Emotional Control, 4. Morale.

Almost every complicated child welfare problem, which needs the attention of the social worker, the visiting nurse, the probation officer, the judge, or the school teacher, is

likely to have a psychological aspect. It is the task of the mental clinic to determine the existence and the importance of the mental factors in the case; to make a diagnosis, a forecast, and a recommendation in terms of the intelligence and personality of the problem child. For these reasons a diagnostic and advisory mental clinic for children must have a central position in any scheme of social welfare organization.

Illustrative Case Studies.

This relation of a clinic to a mental hygiene service can be made somewhat concrete by citing a few actual cases. These will be brief thumb-nail sketches, duly disguised, but characteristic of the problems which arise in a clinical service for children.

Case A. Gertrude, age 17. This girl was referred to us by a social agency on account of moral delinquency and social inefficiency. Her parents had died and, being the only girl in a large family, it was her responsibility to keep the house going, to cook, to wash, to dress the younger children and send them with shining faces to school. The visiting nurse found the house dirty and the teachers found the children dirty. Gertrude was not meeting the test. What more, her own little baby, Elsie, was ailing and wasting, because the mother, with all her affection, was incapable of caring for her. Gertrude, though she had just left the seventh grade and was unmarried, became unwittingly the mother of a child. Strange fate had therefore visited upon her the double burden of caring for an orphaned family and of rearing a child born out of wedlock; either burden alone enough to tax a strong mind.

Was she equal to the burden? She is a kindly, willing, well-

dispositioned girl, physically well-developed, of fair features, responsive and courteous in conversation, normal in demeanor and appearance. She has attended our public schools eleven years. She was industrious in her lessons, she reads books from the city library, she can multiply fractions, she can write a legible letter. She thinks, however, that George Washington lived before Christopher Columbus, and she locates her heart in her abdomen. She is strangely lacking in matters of ordinary judgment, comprehension, and information. She is so suggestible that you could make her assent to gross absurdities. She did not at the age of seventeen have the remotest conception of what marriage, birth, and family life are; knew nothing whatever of the origin of babies. But she wrote this little letter at the clinic: "Dear Doctor; Next Sunday I will go to see the baby play with her. I will have Elsie in my arms. I will have her to four o clock. After that I will go home get supper ready Your truly Gertrude."

Gertrude is a feeble-minded girl. Chronologically she is nearing eighteen. Her mental age will never be more than nine and one-half. Her intelligence quotient, her I. Q., is sixty. Her personality traits are relatively favorable, but she cannot maintain existence independent of external support. She may have a court status as an unmarried mother, she may have a court status as a thief; but essentially she is not a delinquent or a criminal. She is a mental defective, who should have been diagnosed in early childhood, should have attended a special class instead of a regular school, and should have been surrounded with local community safeguards, and never been allowed to assume the responsibilities of any kind of motherhood. But it is now too late. Prevention rests upon foresight, not hindsight.

Case B. Samuel, age 13. A passing word about her brother, Samuel, age thirteen, a fine, husky, well-set-up lad, with a

full, frank face; but a little corrugation of the brow that suggests that he doesn't quite understand life. He is not feeble-minded. His mental age is eleven; his I. Q. over eighty-five; of average but nonacademic intelligence; very restless in school; dislikes school. This discontent with a kind of schooling unsuited to his motor mind, plus adolescence, plus faulty home life, plus institutional life (for he has been committed to an orphanage), make him a potential delinquent. He reveals the great social importance of the policy of prompt, careful placement in family homes,—a policy to which our state bureau of child welfare is happily committed.

Case C. Elsie, age 9 months. Elsie, age nine months, also deserves passing mention both as a clinical and as a social problem. I asked Gertrude about her baby and she spoke of her with some discernment: "She is a smart baby. She laughs. She plays. She tries to sit up and she kicks her feet. She plays with a rattle; she shakes it up." I saw the baby when she was just nine months old, and true enough she was a smiling baby with comely features, long dark eyelashes, and apparently of a most amiable disposition. Dressed in her snow-white and pink finery you would have thought well of her. But even a nine-months-old baby must be ready to meet certain tests and standards of life. Was Elsie ready? I laid her down on the table. She smiled, kicked her feet, followed my moving hand with her eyes, regarded intently a bell rung above her head, made a struggling, partial movement toward this interesting object, clasped and waved a rattle placed in her hand. When she was in the nurse's lap I put an enamel saucer in her hands, and she rocked it up and down a bit, upon the table top, making a noise with the motion. But when I took the saucer from her, held it before her, she would not, could not reach for it. Nothing would

she reach for. She could sit up only when firmly supported, and even then her head wobbled perceptibly.

All very well for a four- or five-months-old baby, but decisively inadequate for a normal nine-months-old baby. Elsie is retarded fully four months in her development; and four months of constitutional retardation at this period of infancy may be fully as serious as four whole years of retardation at the age of ten. Indeed, Elsie, too, is feeble-minded. Her developmental level is five months; her developmental index is comparable with that of her mother. Gertrude has passed on the tradition, and so will Elsie, unless we begin now and continue a policy of prophylaxis. The educational and vocational outlook for Elsie is much like that of her mother. Proper placement is the social solution of this problem. Adoption was suggested by a social agency, but advised against.

Case D. Lydia, age 9 months. Lydia is another baby, also just nine months old,—engaging, active, alert, vigorous, unquestionably normal; probably superior. She eats well, sleeps well, sits up without support, maintains a fine posture of the head, is observant, eager, attentive; reaches for objects with judgment, reaches with persistence, coos, articulates four consonants and three vowels at least, squeals with pleasure in recognition of her father, recovers a cube concealed under a cup, is emotionally well poised, intelligent, and of wholesome personality make-up. Here are normal mental characteristics to conserve. And we must depend upon the baby's own home for the fundamental hygiene of her mind.

Case E. Edgar, age 11. Here is an interesting, instructive boy. Would that we understood him in his entirety. In physical aspect he seems normal enough; and in intelligence too. He is well up to the average, with a mental age rating of ten and one-half, and an I. Q. of ninety-five. He is not seri-

ously retarded in school, but there are beginning complaints about "lack of attention." Intelligence, school achievement, and knowledge relatively normal; but a most inadequate boy, because of a distressing inadequacy of personality in the three important spheres,—sense of values, emotional control, morale. He cries very easily on slight provocation; is abnormally fearful of pain, cannot abide it; no stoicism, no philosophy about pain. Runs away from reality. Saw an automobile accident, turned and fled from it in terror lest he should be blamed for it. Had an illness, a severe illness; his life perhaps was saved by the administration of antitoxin, four injections. He might have learned a salutary lesson, a bit of philosophy about life from the experience, might have learned the meaning of medicine, of hospitals, of nurses, of the injection needle. Did not learn a thing. A further injection was necessary some time after his recovery; he ran away from the dispensary; no one has been able to get him to permit that additional injection. He will not tolerate even the pin pricks of fortune. He is putting up no contest with life. His attack is a retreat. He has a ten-year-old vocabulary, but his personality is organized on a nursery level. Many of his adjustments are infantile in character. He still eats with a spoon; no meats or vegetables for him. He insists on a soft diet; and for ten years his insistence has dominated. It is, however, a neurotic type of victory for him. Because of his immature character, his defective sense of values, his faulty emotional control, and his woeful lack of morale we must diagnose him as a psychopathic personality.

A discussion of the treatment of this case would require a chapter by itself. One of the morals of the story clearly points back to the significance of infancy. This boy began to roll his head in his sleep at the age of nine months; and he has remained an inveterate "head roller." The preschool

years and the home were important factors in the mental hygiene of this boy.

Mental Hygiene Agencies.

Now these five cases suggest the scope and the opportunities of a mental hygiene service for children. The problems of mental hygiene are, after all, not as elusive and nebulous as is frequently supposed. They are as actual, and almost as concrete, as the problems of physical health, if we but set about to define them. In meeting these problems we shall have to develop new procedures, new methods of approach, but we can best do so by extending and exploiting the instruments we already have at our disposal. The administration of mental hygiene does not involve the creation of a unique and separate department of public welfare. A mental hygiene service can be grafted upon the organization of our existing social and health agencies. These are the clinic, the consultation and health center, the public school, the court, the community social agencies, and the home. And our efforts must begin and end with the home.

In primitive days, indeed even in colonial days, the rearing of babies was governed largely by folk wisdom. Folk wisdom is a kind of knowledge (frequently encrusted with error and superstition) which is passed along by a sort of hereditary transmission. We can no longer entrust the task of rearing babies, either physically or mentally, to the clumsy mechanism of folk wisdom. Through modernized devices of educational procedure, new methods of developmental supervision and new forms of parental and child guidance, we must put into wide effect certain minimum essentials of mental health. The task seems stupendous; yet techniques can be found, just as in a smaller but comparable

way we are finding them in the safety first movement which also deals largely with psychological issues. The task, in part, is to so condition the outlook of parents that they will have a more constant vigilance for the mental safety and well being of their children.

1. *The Child Consultation Center* is one of the most basic social devices which has thus far been invented. "It copes directly with the most fundamental of all problems, the rearing of children. It makes health its undivided concern. It reaches the parent, as well as the child. And it reaches the child before he has attained that stage of relative completion and superannuation—the school age." (See p. 252 of the author's *The Pre-School Child; from the Standpoint of Public Hygiene and Education,* Boston, 1923.)

The child consultation center is a very human institution, and it can be made still more so. You have seen some of the radiance and concern which a young mother feels when she brings her infant to the center to be weighed, measured, and inspected by nurse and physician. This radiance and concern are vital human forces that can be capitalized for the benefit of the race. Already the consultation center has broadened to include the periodic health supervision of well babies. Now, this supervision must in turn be broadened to include the mental welfare of the child. At periodic intervals there should be a psychological inquiry or mental hygiene examination, which will determine the general developmental normality of the child. This will enable us to discover errors and abnormalities of development at an early stage, when prevention and control are most promising. By means of a comprehensive developmental supervision we can help parents to help the child to achieve mental as well as physical health.

2. *The Kindergarten* and nursery establishments such as

the nursery school have an important rôle to play in the organization of a mental hygiene service for children. The kindergarten has not yet found itself in this field, though the demands upon it are steadily increasing. The well-conducted modern kindergarten has demonstrated its value in fostering the mental growth of normal children, but it has not yet adapted itself to the needs of the handicapped. These needs are pressing. The great majority of the physical and mental handicaps of childhood originate and can be diagnosed in the preschool period. Practically all the cases of feeble-mindedness occur before the age of six. A significant proportion of serious conduct disorders and psychopathic trends also arise in the nursery years. Over one-third of the crippled, many of the blind, three-fourths of all the deaf, and four-fifths of all the speech defectives come by their handicap before compulsory school age. These handicapped preschool children and their parents need a form of a mental hygiene service which can only come through creating specialized nursery and kindergarten provisions.

3. *The Public Schools* constitute the largest, the most nearly universal, and the most expensive public agency which has been created for the benefit of children. This far-flung institution penetrates the most remote of rural as well as the most congested of city districts. Dr. Pritchett, in his last Carnegie Foundation report, has declared that the public school is an intellectual agency for the transmission of knowledge. Surely it is and ought to be such an agency. But it is more. It is a child welfare agency which must become still better adapted to safeguard the mental and physical health of the nation, and which must evolve almost undreamed of programs of preventive mental hygiene in the interest of public welfare. It has entered in the first stages of such programs. The public schools are adding to their

equipment school physicians, school nurses, school psychologists, school psychiatrists, visiting teachers, truant officers, vocational guides and directors, after-care supervisors; and special classes, special schools, and special teachers, for the feeble-minded, for the borderline dullards, for the epileptic, for delinquents, for stutterers, for the blind, for the near-blind, for the deaf, for the near-deaf, for the crippled, the anemic, the pretuberculous, the cardiopathic, and the psychopathic. These are not extracurricular fads or frills. They represent a constructive effort to reduce the social burden of feeble-mindedness, insanity, and crime.

4. *The Juvenile Court.* It has been suggested that the public school should so extend its functions as to supplant the juvenile court,—an interesting suggestion not without some validity. If the home and the school were entirely adequate there would be no need of a juvenile court. When will they be thus adequate? In connection with domestic relations, divorce, neglect, dependency, delinquency, there are constantly arising questions of a judicial and chancery character in which we must evoke the law, and in which it is wholesome even for a child to feel the existence of law. Judge Waite has reminded us that the court has a unique ability to say *"must."* The school may say *"should,"* the church may say "ought to," and the social worker may say "please," but the court says "you must!"

This power is socially so valuable that it can only be protected by using it sparingly, or, as we say, judiciously. Surely the juvenile court ought not to expand and elaborate indefinitely until it possesses the whole domain of child welfare with administrative as well as judicial devices. On the contrary, it should be progressively delimited in its sphere, and shorn of its clients by anticipatory, preventive work in home and school. And when its unique ability has to come into

play it must (this is a hortative "must") use the best available technique to consider its problem cases from the standpoint of mental hygiene as well as of law. Easily half of the more serious cases of juvenile delinquency have a psychological or personality aspect which needs medical and mental examination. A clinical estimate of these factors will soon be a standard part of juvenile court work. Such clinical procedure is a vital form of mental hygiene service.

The public health organization with its associated clinical and supervisory service and the public school system constitute the clearing house for the mental hygiene problems of the community. The courts and social agencies are indispensable allies and instruments in the development of constructive programs, which will enable local communities to meet their own mental problems without sending them too frequently and too late to central state institutions for solution.

Practical as all of these administrative possibilities are, there is no royal road to the realization of the aims of the mental hygiene movement. Everything considered, we shall always have to reckon finally with that well-known, conservative, nonofficial institution called the Home, as the most basic of all mental hygiene agencies.

Why not reckon with it more frankly than we ordinarily do? Why maintain a reticent, gingerly, quasi-squeamish attitude on the most vital issue of all,—the better education of boys, girls, and young men and young women in the privileges and responsibilities of parenthood?

From the broad standpoint of public policy no more far-reaching measure, in behalf of the children of the future, could be instituted than a systematic and sincere type of pre-parental education. This education must be so conceived and so administered that it will reach the little mothers in the

grammar grades and girls in high school, normal school, and college. It must reach also the boys in school, academy, and college. It should teach in unmistakable terms the meaning of marriage. It should give substance to these three simple axioms:

All children are endowed (through their parents) with a personality.

This personality grows.

Its growth can be guided,—by the parents of the child.

The Feeble-Minded in the Community

Walter E. Fernald, M.D.,

Late Superintendent of the Massachusetts School for the Feeble-minded and Professor of Mental Diseases, Tufts College.

The editor regrets to announce the death, on November 27, 1924, of the author of this essay. For thirty-seven years Dr. Fernald served as director of the Massachusetts School for the Feeble-minded at Waverley; his loss is not a local one, however, for his work was national in scope. Dr. Frankwood E. Williams has stated that no man in this country has had a wider influence than Dr. Fernald in shaping the policies for the care and training of mental defectives, both inside and outside of institutions. Very few schools for those purposes have been developed without seeking his advice; and a number of the more recently established institutions were not willing to open their doors without first sending their superintendents to receive a preliminary period of training at Waverley. Superintendents of many of the well-established institutions have sought his counsel when contemplating changes in policy. In short, Dr. Fernald was the recognized leader in all that concerned modern practice along these psychiatric lines.

He was a leader along theoretic lines as well. It would be difficult to mention any progressive development in the care of mental defectives in which he did not take an important part. Among other things, he outlined a state program for the care of the feeble-minded, which has been adopted in its entirety by Massachusetts and in part by many other states. This program includes identification, registration, education in public schools and in institutions, supervision in the community after education, segregation of those who could not adjust themselves to community life, and provision for special institutions for defective delinquents. In the following lecture, Dr. Fernald explains this program in detail. I believe it is his last general treatment of the subject. Although he published many articles on the feeble-minded, he never found time to make a book; the essay which appears below probably comes nearer to being an outline of a treatise than any other of his utterances.

NO field of mental hygiene has aroused so much popular interest and concern as that of feeble-mindedness. Intelligent people are familiar with the widespread prevalence of feeble-mindedness and its influence as a source of misery to the defective and his family.

No one doubts the accuracy of the piled-up statistics showing a large percentage of mental defectives found among casual paupers, hereditary paupers, neglected and abandoned children, truants, immoral girls with venereal disease, prostitutes, juvenile offenders, convicted criminals, etc. Every state in the Union has taken steps toward meeting this problem. The history of the treatment of the feeble-minded and a study of existing laws in the various states show a widely varying emphasis upon various phases of the problem. Nearly all legislation implies that this work is a duty of the central state government with little or no local responsibility. No state has attempted to treat all of its feeble-minded people.

A few years ago, wholesale institutional segregation became almost universally accepted as the only logical solution of an otherwise hopeless problem. Theoretically, almost all institutional provision for the feeble-minded is largely for the purpose of permanent segregation, to prevent the perpetuation of the feeble-minded stock. In practice, however, the majority of persons are sent or committed to institutions for the feeble-minded because they have become troublesome members of the community, or because their care entails much difficulty under home conditions, with the eugenic considerations quite secondary. In other words, the antisocial and lawless behavior of the untrained feeble-minded is the principal reason for his commitment to the institution.

This policy of relying upon segregation as the only possible plan was based upon the theory that nearly all mental defectives are of hereditary origin, that they are invariably immoral, vicious, and antisocial, that they are never capable of self-support and self-control in the ordinary sense, and

that the number of the feeble-minded was relatively small, perhaps one or two per 1,000 population.

Our early knowledge of the feeble-minded was almost entirely obtained from institutional inmates and they were largely of the hereditary class. It was natural to assume that nearly all others were of this class, and as nearly all of these inmates had been troublesome or vicious in the community, it was inferred that all feeble-minded were almost sure to become dangerous members of society. Few institutional inmates had previously been able to support themselves. Most of those then in institutions were idiots and imbeciles, with only a few morons. A mythical person represented by a composite portrait showing all the bad qualities of this visible group of institutional inmates became the principal character in the hopeless legend of the feeble-minded. Little regard was paid to individual differences and variations. The feeble-minded became objects of horror and aversion.

For nearly two decades the whole tendency of public opinion and of legislative action was to ignore the rights and privileges of the individual defective and to treat him harshly and almost punitively. He was looked upon as an Ishmaelite, as an invariably useless, dangerous person, who should be ostracized, sterilized, and segregated for his natural life at public expense. Laws were often proposed and sometimes passed relating to these "criminals who had not yet committed a crime" which were more drastic than those dealing with convicted criminals, on the mere theory that they were more likely to commit crimes than other persons were. One state has a law that a committed defective cannot be released from custody except by order of the court which committed him. The whole tendency was to try to insure lifelong confinement at public expense.

But within a few years many things have happened to

make us believe that we have been far too sweeping in some of our generalizations and deductions concerning the feeble-minded. The public school classes for defectives revealed a new cross-section. It was found that many of these children came from good homes, with normal parents and normal brothers and sisters. A few of these children proved vicious, but the majority reached adult life with no mishaps, and were gradually assimilated into the community. Those who behaved badly were often sent to the institutions. A majority of these pupils were morons, with few imbeciles and no idiots.

The introduction and widespread use of intelligence tests and other scientific methods of diagnosis showed that from one to four per cent of school children were technically feeble-minded. This ratio has proved fairly constant in city and country alike. The great majority of these school-age defectives are of the moron grade. These and other findings show that previous estimates of the total number of the feeble-minded must be multiplied by ten,—in other words, there are thousands of defectives where we formerly thought there were hundreds. The many community surveys, the army tests, etc., verified the above estimate.

There are over 20,000 living defectives known by name in Massachusetts at the present time. The whole number in the state is probably 50,000 or more. There is no reason for supposing that Connecticut or any other similar state has a smaller proportionate number. It is obviously impossible to segregate this vast number in institutions at a per capita cost of $1,000 or more for housing and an annual cost of $200 to $300 for support. Fortunately they do not all need this.

The heredity of the defectives seen in special classes, school and out-patient clinics, and in private practice is not so bad as that of the average institutional case. Many come

from good families, with no previous defect in the family. In others the hereditary taint expresses itself perhaps once or more in a generation, with the other relatives quite normal. The "hovel" or Kallikak type of highly potential defective germ plasm is not often seen in these groups. Often the bad heredity has been shown by the appearance of many cases of insanity but no feeble-mindedness in previous generations.

Nearly every discussion of mental defect utterly ignores the fact that all authorities agree that there are two distinct groups of mental defectives:

I. The hereditary group.

II. The nonhereditary or accidental group.

Nearly every plan for dealing with the feeble-minded implies that every case is of the hereditary group. But certain common types of defect are always nonhereditary, such as the Mongolian idiot, cases of focal brain lesion with resulting spastic paralysis and mental defect, cases caused by injury to the brain at birth or during infancy, acute inflammation of the brain or membranes, syphilis, cretinism, et cetera. Often there is a history of normal infancy with an acute illness followed by signs of defect, probably due to acquired disease of the brain. We now strongly suspect that many cases are directly due to disease of the ductless glands.

As to conduct and behavior, many of these noninstitutional defectives, as children and adults, have not seriously misbehaved. One group of 3,000 defective public school children diagnosed by our traveling clinic during the last two years has less than eight per cent with troublesome tendencies. A small number seem innately vicious from early childhood and remain so until adult life. Much seems to depend upon their special inheritance and especially upon the environment determined by their social heredity. Defective children from good homes seem to do well as a rule. No

doubt defectives are more likely to behave badly than are normal children, under present conditions at least.

The defective is so suggestible that he is probably more influenced by his environment and bringing up than is the normal individual. The proverbial badness of the "Kallikak" or "Jukes" type of defective is perhaps due to his surroundings as much as to his heredity. The "Jukes" type make model institution inmates but are troublesome members of the community. The innate personality and character traits of the defective as observed in childhood and at puberty have much to do with his adult behavior. Some are naturally docile, anxious to please, ambitious, industrious, etc., while others are naturally resentful of authority, disobedient, cruel, selfish, etc., and while we cannot increase a defective's native intelligence, we can do much to encourage desirable traits and to repress undesirable ones.

The adult defectives dismissed from institutions who have been trained in habits of obedience, protected from evil companions, and taught to work during the formative period of their lives usually behave themselves after their discharge, especially if given friendly, helpful supervision. Even some of those who were dishonest and malicious at puberty and early adolescence "settle down" in a remarkable way. We suspect that some of their misbehavior in the institution was the institutional expression of the craving for liberty and individuality which every adolescent exhibits. Even many of the females discharged did surprisingly well under a little supervision. We are sure there are "bad" defectives but we are equally sure there are "good" defectives, who are anxious to live so as to be thought respectable. Indeed, this craving for respectability is quite commonly seen in our former patients.

The economic and industrial future of defective children

of the type seen in mental clinics and special classes has probably always been more favorable than was supposed to be the case, for if one or two or three per cent of all school children were not capable of self-support after leaving school, the number of adult paupers would be much greater than the present visible number. After-care work with special class graduates shows that many do support themselves. Intelligence tests applied to large numbers of men in various industries show that many men of very inferior intelligence, with favorable personality traits, are employed at good wages at work suited to their intelligence. The army tests showed that many of the men found to be defective had been steadily employed at good wages. Indeed, those of lesser intelligence have always done much of the rough work in the mines, forests, farms, and factories. Without their labor it would be difficult to obtain food, clothing, and shelter,—the fundamental necessities. They have always been the *ultimate producers*.

The restriction of immigration has created a market for the labor of the feeble-minded which was closed to them before. We have begun to suspect that the problem of the feeble-minded is largely economic. The idle defective has no money, feels inferior, and does his worst. The defective who works all day at good wages seldom gives trouble. The industrially trained defective has a better chance to get work than if untrained. Indeed, if untrained in earlier years he early becomes the proverbial idle defective.

The majority of the adult male morons and many of the imbeciles discharged from Waverley during the past thirty years are known to have supported themselves, often at good wages,—$15, $18, or $20 per week,—even before the war and immigration restriction. Last year 220 trained patients,

discharged from Waverley within five years, earned a total of $198,000.

We have seen that our knowledge of feeble-mindedness is gradually increasing as the result of scientific study and observation in many fields:—medical, psychological, educational, sociological, economic, industrial, moral, legal, and eugenic. We now know that feeble-mindedness is not an entity, to be dealt with in a routine way, but is an infinitely complex problem. The feeble-minded may be male or female, young or old; idiots, imbeciles, or morons; from good homes or bad homes; bad defectives or good defectives; well-behaved or vicious; industrious or idle; they may live in the city or in the country; in a good neighborhood or a bad one; they may come from family stock highly hereditary as to feeble-mindedness, from one slightly so, or from good stock. No two defectives are exactly alike. What is good for one may be bad for another. An individual defective may be expressed or described only by an equation—his intelligence, plus his body, plus his family, plus his training, plus his personality traits, plus his morals, etc. No routine procedure will meet the needs of this highly differentiated group.

At present in the most progressive states it is probable that not over ten per cent of the defectives are treated in institutions, and another ten per cent at most in special classes. There is a crying need for suitable consideration of the uncared-for feeble-minded. To do this a definite program on a state-wide scale would be necessary. An adequate program would include the following steps: 1. Identification, 2. Registration, 3. Instruction, 4. Supervision, 5. Segregation.

Identification. Present methods of health examination of school children could easily be extended so as to ensure and require a mental examination of every child obviously retarded in school accomplishment. It would not be necessary

to give every child a mental examination. It would be sufficient to examine only those children who are three or four or more years retarded. New York, Missouri, and Massachusetts now have laws requiring such examinations.

Mental clinics for the diagnosis of feeble-mindedness should be established in large centers of population to serve the entire state. All large cities should have a mental clinic as part of the public school system. Rural communities and small towns could be served by a traveling clinic, as a part of the state government. This clinical group, or even a single clinician, could examine the backward children over a very large area. A visit to each small town once a year would be sufficient. Other defectives would be recognized and reported by physicians, court and jail officials, social workers, town officials, and others. Every school for the feeble-minded should conduct out-patient mental clinics at the institution, and in various cities and towns served by the school.

At the time of the mental examination the parents could be informed as to the mental condition of the child, and of his need for special training and protection.

Registration. All recognized defectives should be registered; this official census would give a logical basis for intelligent management of all the mental defectives of the state.

No doubtful case should be registered; only those persons whose mental defect has been scientifically diagnosed. This register should be highly confidential and accessible only to properly accredited persons. An official census of the feeble-minded of the state, with histories and records of all uncared-for feeble-minded persons in the state, would show the families and individuals most likely to transmit defect, and most needing segregation, especially if extra-institutional observation and supervision of all these persons is also authorized. The information which this plan would make

available would permit the selection of the people for segregation who most need segregation. This coördination of existing records would be available for social workers, school authorities, and other agencies, and would be of enormous service in the solution of the individual problems which the feeble-minded constantly present.

Instruction. Every child automatically comes under the control of the school authorities between the ages of six and fourteen or sixteen. The great need of the feeble-minded is for education and social supervision during this formative period of childhood.

The teacher cannot add to a child's intelligence but she can assist the child to express that intelligence, as it slowly develops, in terms of corresponding scholastic performance. When the teacher understands the limitations of the defective child she is content with his slow progress.

The use and interpretation of intelligence tests has greatly simplified the school training of these defectives. The mental age tells approximately the school grade work the child can do at a given time. If he has a six-year mind he can usually be taught first grade work. If he has an eight-year mind he can do third grade work, etc. A moron requires two or three years to do the work of a school grade. The intelligence quotient tells his probable adult mental level and the highest school grade he can reach; viz., if he has an I. Q. of fifty, he will not go beyond the eight-year mental age or the third grade in school.

The great majority of defective pupils are now in the regular grade classes and will receive all of their training in these classes. The defective boys and girls in sparsely settled districts are now usually utterly neglected as to education and training. Such neglect often means future criminality and uselessness. Proper recognition and training, even in the

regular grades or in the country schools, make an enormous difference in the future life of these defectives. The state might well employ a traveling supervisor of defective pupils, similar to the supervisor of drawing or of music.

Cities and large towns now usually have special classes for mentally defective pupils with carefully formulated courses of study and much special school equipment. Manual and industrial training is emphasized and should form the major part of the training of the defective after the age of twelve.

The industrial and vocational training should be largely of the "workshop" form, with much practical work with lumber, metals, leather, fabrics, paints, brick, stone, and cement, as well as the handling of ordinary tools and implements, and simple forms of machinery. The ordinary moron of eight- or nine- or ten-year mentality, after three or four years of this kind of training, is able to secure and keep a job at good wages, $16 to $22 per week.

The State Boards of Education should put in the hands of every elementary teacher carefully prepared handbooks describing the defective child and the equipment and methods employed in his training. The admirable handbook of Professor Arnold Gesell used in this way by the Connecticut State Board of Education is a most practical manual for the teacher.

The normal schools should give suitable instruction to teachers to enable them to recognize the probable cases of mental defect, and to give them a general idea as to the training and discipline of such children.

The State Boards of Education should also prepare simple manuals of facts for the use of parents of feeble-minded children. This literature should be prepared in series, especially for young boys, for young girls, for older boys and for

older girls, and should kindly and tactfully instruct the parents as to the limitations of these children in the way of scholastic acquirements, and emphasize the importance of the development of habits of obedience and industry, and the necessity of protection against evil influence and companions during the formative period.

The great majority of mental defectives are of the moron group. If the plan suggested for the early recognition and the intelligent education and training of the moron in public schools and at home is carried out, many of this class can be safely cared for at home, and become harmless and useful men and women.

Supervision of the Feeble-minded. The suggested census of the feeble-minded of the state would make possible and desirable some provision for a central governmental authority responsible for the general assistance and supervision and control of the feeble-minded of the state, who do not need immediate institutional commitment. This state supervision of the feeble-minded should be directed by a Board of Control, a State Commission for the Feeble-minded, a properly constituted State Board of Health, or other similar body. Its responsible officer should be a psychiatrist, with special knowledge of mental deficiency and its many social expressions.

The local administration of this supervision could be carried out by the use of existing local public organizations, existing local private organizations and societies, or by properly qualified volunteers in each community. This systematic supervision of the feeble-minded could easily be made to cover the entire state, with a local representative in each community, but all under the direction of the central authority.

Each defective could be regularly visited and kept under

observation by the local visitor. The reports of these visitors, covering the life histories and the family histories of many cases, would soon constitute an invaluable treasury of information as a basis for scientific research and study in the search for practical methods of prevention. The official visitor would advise the parents as to the care and management of the defective, and would have opportunity to inform the family, the local officials, the community generally, as to the hereditary nature and the peculiar dangers of feeble-mindedness.

The registration of every feeble-minded person, and the regular visitations, especially of children of school age, would make it possible to inform the parents of the condition of the child, of the necessity of lifelong supervision, and of the possible need for future segregation. Suitable, tactful literature should be prepared, which could be gradually presented to the parents in a way that would have great educational value. Sooner or later, the parents will probably be willing to allow their child to be cared for and trained in an institution if he needs such training and care. In suitable cases parents who are not willing may be allowed to have the custody of their child, with the understanding that he shall be properly cared for and protected during his life, that he shall not be allowed to become immoral or criminal, and that he shall be prevented from parenthood.

The local representatives of the central bureau would officially serve as advisers and sponsors for pupils graduated from the special school classes, for court cases under probation and observation, and for institutional inmates at home on visit or trial. Thus there would be a person in every locality familiar with the opportunities for mental examination and methods of permanent commitment. The extra-institutional supervision and observation of cases in their

homes would do away with the necessity of institutional care of many persons who might otherwise have to go to an institution, thus reducing the expense of institution buildings.

The extra-institutional supervision should include cases dismissed from institutions, so that the defective who has spent many years in an institution would not be thrown out into the world with a freedom which he does not know how to utilize. In these cases, the supervision would constitute a permanent parole which would be most effective. This provision would enable the defective to be returned to the institution if he did not properly conduct himself in the community.

Such provision for registration of the feeble-minded and for extra-institutional supervision would ensure that those defectives who most need institutional training and protection would be sent to the institution, and those who can live safely and happily in the community should be allowed to do so.

Segregation. In contrast to the moron, it is probable that the majority of idiots and imbeciles will be better off in every way if cared for in the institution, but many of these are now being safely and well cared for at home with the advice and help of the visiting social worker. Morons from families unable to properly protect and control their children will also need institutional training and care. The parents of the feeble-minded child who cannot be cared for or trained at home will usually be glad to send him to the institution, if he can go with as little formality as his normally-minded brother goes to the public school. The institution primarily should be an educational institution, and is indeed a part of the public school system. The application of the parent and the medical certificate of feeble-mindedness should be the only formalities required in many cases. The

idea of "putting him away" should not be unduly emphasized except for reasons of bad heredity, or bad character traits, or bad conduct, where the judicial commitment is necessary and desirable. To drag a small child from a self-respecting family into court and commit him for life, with all the terrifying procedure of the criminal courts, is to keep out of the institutions the very children who most need this sort of care. The aim of the institution should be to fit as many defectives as possible for home life, and to segregate for life those who need such segregation.

The fact should be emphasized that the neglected moron is the defective who makes trouble later in life, and that he should receive proper care and training either at home, with the help of the special class, or special help from the teacher, or in an institutional school, during the formative period of his life.

All of our experience in dealing with the feeble-minded indicates that if we are to manage the individual defective successfully we must recognize his condition while he is a child, and protect him from evil influences, train and educate him according to his capacity, make him industrially efficient, teach him to acquire correct habits of living, and, when he has reached adult life, continue to give him the friendly help and guidance he needs. If conditions are right, he may live at home and receive his training in the rural school or in the special class. If he is actually a social menace, he will need the institution. These advantages should be accessible to every feeble-minded person in the state, and not to a few favored persons. The rights of the feeble-minded person and of his family should be jealously guarded, as well as the rights of society.

As yet no village or township or city in any state has undertaken to assume any responsibility for the comfort or

welfare of all its feeble-minded citizens, or to attempt in a systematic way to prevent the antisocial conduct and behavior which has given this group its bad name. Yet many surveys of towns and cities made by the National Committee for Mental Hygiene and other organizations have shown that it is easily possible to make a census of all the feeble-minded in a town, with a practical record of their mental and physical condition, home life, habits, morals, behavior, and the like,—a description quite sufficient to serve as a basis for intelligent care and supervision of every individual in the group.

The ultimate responsibility for the care and training of the feeble-minded must be decentralized. If cared for at all, the majority of the feeble-minded in each community must be protected and helped by trained individuals and organizations in that local community.

Mental Hygiene and Social Work

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MENTAL hygiene is here defined as the contribution which modern psychiatry has made available for our understanding of human behavior, not only that of the subnormal or abnormal individual, but even more of the everyday average person. Social work in this discussion is limited to social case work because, of all the phases of social work, it seems to bear the most direct and intimate relation to mental hygiene.

The linkage between mental hygiene and social case work has deepened steadily and almost without opposition since the inception of the mental hygiene movement. No other profession or field of work has as yet been so fundamentally affected by it.

The public schools, where the supporters of the movement most wish it to take root, are hardly aware of its existence except as they come under the direct influence of psychiatrists or social workers. Mental testing and the more appropriate grouping of children on the basis of such testing, have taken a tremendous hold in schools throughout the country, and will undoubtedly affect the mental adjustment of children often for the better, but to the implications of a genuine mental hygiene viewpoint, the public school offers an inevitable resistance. The theories of the teaching profession, as a whole, concern primarily not the behavior of children, but the methods of teaching certain definite subjects. Any slight-

est change may mean the alteration of a whole system of educational machinery. Mental hygiene would mean, not a slight change, but an absolute reversal of the attention, interest, and training of the teacher, from subject and method to children and their adjustment. Such revolutionary development in an unwieldy system could not come other than slowly and largely through outside efforts.

In the medical profession, mental hygiene has met with prejudice as well as lack of interest and understanding. Perhaps the adjustment of the whole individual has not seemed important or relevant to men whose attention is usually centered on the functioning of parts, and physical parts at that. At any rate, medical schools have been in no haste to take over the responsibility of providing their students with enough psychological and psychiatric background to make them intelligent about mental hygiene problems.

The marked resistance and lack of sympathetic response on the part of academic psychology as a whole, are easily understood. There is the natural conservatism of the colleges and universities and their remoteness from vital human problems. There is the analytical and laboratory character of experimental psychology and the abstract metaphysical tendencies of theoretical psychology to account for the lack of comprehension of this new approach to the human being considered as a living individual, not as a series of isolated abstract functions. In mental hygiene we have something which cannot be measured or correlated or reduced to laboratory dimensions, and yet it claims to be psychology, it has the weight of medical authority behind it, it appeals to the popular mind as academic psychology has never done, and it bids fair to be a serious, perhaps an unfriendly rival. Academic psychology is in a difficult situation, for it has had little experience in its laboratories with the rich case mate-

rial from which psychiatry has evolved its doctrines, and has consequently no adequate basis for accepting or rejecting them. Yet there is no doubt that the psychiatric contribution to modern thought combined with the growth of behavioristic psychology and mental measurements, has initiated a movement in psychology which may ultimately loose it from its academic moorings.

Even sociology has begun to show the effect of the psychiatric influence but, like psychology, is hampered by its academic background and lack of first-hand experience with living human material. It has had so little opportunity to put its theories to the test of experiment and real life that it hardly realizes the need of such theory as psychiatry is offering.

Social case work, on the other hand, a practical, hard-working, unscientific stepchild of the social sciences, leaped to this new exposition of human behavior as something which it had sought long and vainly in the offerings of the university curriculum. In mental hygiene, case work found a theory wrought out of the very material in which it was already struggling and for whose organization it had as yet developed no adequate psychological interpretations. Social case work was starving for a practical human psychology and had been fed, for the most part, on academic husks. The doctrines of mental hygiene and the new psychology came as the fulfilment of a long-felt conscious need. Case work had nothing to defend, only a wealth of material to be interpreted and problems of practical human adjustment to be solved. There was nothing in the social theory or technique already worked out that could not be adapted to this new approach. Case work has not only not resisted mental hygiene, it has often been its torchbearer amid medical and educational darkness. The National Conference of Social Work has

registered faithfully the steady and growing transformation which mental hygiene has wrought during the past five years. The meteoric career of psychiatric social work, changes in standards, records, and machinery of child-caring agencies, the growing emphasis on the fine points of personality and personal relationships in the work of family agencies, the rapidly accumulating case material in social work literature, all bear witness to the same influence.

What does it all mean, where is it leading, what is the relationship of case work to psychiatry and what responsibilities are involved? These are some of the questions which both psychiatry and social work may well pause to consider.

There are those who feel that social workers have gone to an extreme in their complete acceptance of the psychiatric contribution and, on the other hand, there are those who fear for the results of mental hygiene theory in untrained, non-medical hands. There is justification for both attitudes. There has been a tendency to throw the responsibility of case work problems upon the psychiatrist far too completely, to accept any human utterance he might happen to make as absolute and true for all time, and to try to force him to make for the case worker practical decisions for which he could not possibly have the necessary data and which belong to the province of the worker, if anything does. In other words, the case worker, like other human beings, when she has a difficult problem, instinctively shrinks a little and looks for a way of escape. The psychiatric clinic, appearing like an answer to prayer, steps in to fill that need and, unless the case worker is on her guard, may degenerate into a kind of magic whereby she casts off the burden of decision, responsibility, and understanding. On the other hand, there is also the able young worker, intoxicated by the contacts with psychiatrists and new and thrilling theories of human adjust-

ment which satisfy her emotional needs and her intellectual curiosity as no college psychology has ever done, who has little patience with simple practical problems of case work, who pines for mental conflicts and inferiority complexes, and whose own eager curiosity may carry her way beyond the welfare of the patient, the advice of the psychiatrist, and her own knowledge of human nature.

The first attitude which treats psychiatry as a new kind of magic and follows servilely and mechanically any recommendation is of course fatal both to the usefulness of psychiatry and to the social treatment. It arises usually with workers who lack the necessary education and training, or the ability to comprehend the newer psychology, yet are more than willing to go with the general trend of progress, consult the psychiatrist and follow what they think he has suggested. The psychiatrist does not always realize that this kind of nonresistant, blind acceptance is as dangerous as the more irritating qualities of the worker whose psychiatric information has gone to her head. The latter individual is usually young, unfound, and absorbed in her own development. Every case is just so much grist for her mill. The more she can learn about the queer exciting things in life, the more her eager subjective curiosity, hitherto repressed, is gratified. Psychiatrist and patient alike are merely means to her ends. When they cease to thrill her she will have no more use for them. She is annoying both to psychiatry and to experienced case work, but she is probably a passing phenomenon due to a transition stage in training which reflects the unassimilated state of psychiatric theory as far as social work is concerned and also the lack of experience on the part of psychiatry in what is involved in training for social work aside from the interpretations which it has to offer. Mental hygiene lecture courses and psychiatric case material are no substitutes for

carefully supervised experience in the unexciting details of carrying out practical social treatment of a fairly simple kind.

There is still another attitude of which the psychiatrist is probably not so aware. That is the attitude of the old, experienced case worker who has taken unto herself such psychiatric interpretations as appeal to her, who believes that her judgment on the side of practical possibilities of treatment is far better than the psychiatrist's, and who, while apparently accepting advice, does as she pleases afterwards. Such a worker often makes a cat's paw out of the innocent psychiatrist. She knows what she wants when she brings the patient. She is not after diagnosis or advice, but confirmation of her own opinion and plan. If the particular psychiatrist happens to suggest something unfavorable to her preconceived idea of the case, she thanks him politely and hunts up another who may give a more agreeable verdict. There is still in such a worker a desire for authoritative backing, but there is no real doubt of her own plan and no real desire for information, which she believes she already has; whereas on the side of social treatment, she simply accepts the fact that the psychiatrist is inexperienced and impractical in her field but has to be treated with outward respect.

There seem to be at least three sources of this failure of psychiatry and social case work to coöperate on a basis of frank equality and mutual respect. One is the nature of the psychiatric contribution itself, another is the inequality in professional training and organization, a third is the absence of clear definition of the actual function of case work as differing from and independent of psychiatry.

The psychiatrist, while he is supposed to be a specialist in mental disorders, has evolved a psychology which is more

useful for everyday life than any which has yet been produced by professional psychologists. The stamp of medical authority and monopoly tends to follow this psychology because it was originally connected with disease, because psychiatrists feel that few lay persons have had the experience to understand and to use it intelligently, and because the line between mental normality and abnormality is so indefinite as to be easily overlooked by the layman.

Thus it follows that the psychiatrist, seeing the need of his psychology everywhere,—in schools, in homes, in industry, in social work,—and fearing for its use in unscientific hands, tries in vain to safeguard mental hygiene, as he can so easily protect the purely medical aspects of his science, by following it up into the various fields of human endeavor. But alas, he is working in a material where it is all too difficult to be scientific and where everyone has an opinion, the error of which it is not always easy to point out convincingly. Common sense and science, literature and art, education and medicine, all have their convictions about this thing with which the psychiatrist is concerned, the emotional and instinctive life of humanity.

Is it any wonder that the psychiatrist shrinks from the undiscriminating popularity which his theories have attained and from talking them over seriously with a lay person who does not have the background to appreciate them and who may go out and make the wildest use of what he thinks he has heard? The eager but uncomprehending zeal of the social worker to agree with his interpretation of her case and echo back his words before they are out of his mouth only increases his reserve, and the glib use of psychiatric labels on the lips of the young person with an overdose of theory and no experience, makes him wish he had never given out a diagnosis and long to put her in her place. Still more inhibit-

ing, when he realizes it, is the hollow conformity of the worker who knows before she comes and heeds neither diagnosis nor recommendation. The psychiatrist is in a difficult position. He is often forced to take on an attitude of dogmatic authority to protect his science from an eager but ignorant lay world. Yet obviously he cannot be responsible for every life nor supervise personally every individual who needs to profit by mental hygiene, nor can he, for his own sake, tolerate the rôle of autocrat with the social case worker.

The psychiatrist has evolved a psychology which cannot be limited to his particular field nor applied to other fields solely under his supervision. Case work is more closely allied to psychiatry in its aim and material than any other field. It is the only other field where the personal and social adjustment of human beings is made the subject of conscious technique. Case work, unless it ceases to exist, is going on with its efforts to change individuals through changing their relations to their environment. It is only a question of how conscious, sound, and thoroughgoing shall be its psychological basis. The psychiatrist cannot doubt the need for his psychology in case work, nor can he hope to direct it from a clinic.

Obviously there is a field here which the psychiatrist, as such, cannot cover and would not if he could, but he ought to be able to respect the profession which does cover this field and to discuss with its workers his interpretation of their material with perfect confidence and with due respect for their opinions regarding it. There has been justification for the doctor-nurse attitude of the psychiatrist toward the social worker, in the lack of professional training and standards, which are still characteristic of social work. There is a highly trained, able, conscious group of social workers who have the right to be called professional and who in their

contacts with psychiatry have shown the knowledge and experience which give and command respect, but there is also the fact that every kind of friendly service in this generation takes unto itself the name of social work and the kindly intentioned person who is out doing good in the world with little or no education and training may call herself a social worker and present herself in the psychiatric clinic as one of the profession. If social case work wants to be treated as an equal by psychiatry, it will have to train and educate its workers to an understanding of their task, which will make equality possible and safe for the psychiatrist. This means that to protect the psychiatrist the case worker will have to know more, not less, about mental hygiene, and that the most important function of the psychiatrist in this stage of development, as far as social case work is concerned, is to help to educate the workers, which he has already begun to do in such courses as this.

But this is not enough; training schools for social work and the supervisors of students in the field must make the kind of vital psychology which psychiatry stands for a working tool from the first. The student must not depend upon unrelated special courses in the psychology of behavior, but must study case work and practice it from the first in the light of a thoroughly assimilated, dynamic psychology applicable to every human situation from the simplest to the most complicated.

No student can really begin to understand the unreasonable behavior of Mr. Smith, who has tuberculosis but refuses to go to a sanatorium, until she sees human life as something more than a rational process. When she has begun to sense the impelling, driving force of human desires and their way of drawing reason and everything else into their service, when she has gained a living appreciation of the positive

urge of habit and the blind resistance of fears acquired in the forgotten past, when she has felt the dependence of every human life on the supporting relationships of home, family, friends, and familiar work, and its collapse when deprived of such sustaining forces, then only will she have the background from which to help Mr. Smith work out his apparently simple and obvious problem.

Not only does the student of case work need a psychology through which to adjust her clients, she needs it even more for herself. The training schools and the case work supervisors really have a double task, the personal adjustment of their students as well as teaching the methods of social adjustment for other human beings. Mental hygiene cannot be used until it has been lived. It is understood only when it has been worked out in terms of one's own experience and relationships. It is said that no one has the right to practice psychoanalysis until he himself has been analyzed. It is equally true that no social case worker has the insight to assist others in making adjustments who has not struggled through the process of seeing herself and her own springs of action frankly and without evasion, and has made at least a beginning toward adjusting herself.

Granted that the case worker is adequately educated, trained, and personally adjusted, what then is the relationship between case work and psychiatry?

There are certain distinctions which are obvious and accepted. Social work is not medical and must accept authority on the medical side. Case work is not equipped to diagnose and treat mental diseases, but it must be sufficiently familiar with symptoms to recognize the need for diagnosis and authoritative recommendations. On the other hand, psychiatry offers no training or experience in expert social investigation, in the practical handling of social resources,

in the actual processes involved in the social adjustment of the individual, as one element in a larger group, such as the family, the neighborhood, the school, industry. The psychiatrist appreciates the value of social treatment, but he himself has had little direct experience with it. His recommendations if they attempt to be definite and concrete are apt to be impractical. He is forced by the nature of his work to concentrate on the individual and on the individual removed from his setting. He seldom sees, as the worker does, the actual functioning of the individual to his social environment and he has to depend pretty largely upon the case worker's report for his picture. Moreover, he seldom has the experience of trying out for himself the social treatment. His contacts with the patient's environment are usually second-hand.

Apart from the medical and diagnostic functions, that which most distinguishes psychiatry from social case work at its highest level of psychological insight is the intensive analysis of the individual and his life history, and the attempt to adjust him by giving him insight into the causes and meaning of his maladjustment, leaving him to work out more or less independently the practical applications of the new point of view. This highly technical analytic form of treatment differs quite fundamentally from the social treatment of the case worker and is even incompatible with it. The psychiatrist who is using such treatment, as a rule, deliberately tries to keep away from all entanglements with the patient's immediate practical problems. His endeavor is to maintain an attitude free of criticism, compulsion, or personal bias, to offer the individual an atmosphere in which he may feel himself understood and free to expose his most unlovely self without sense of disapproval or obligation. On the basis of what the patient gains from such a relationship with the psychiatrist he is to work out his own salvation as

far as possible or with the help of someone other than the physician.

The case worker has quite a different function. She *must* become involved with the client's life and practical problems. She has to consider not only the individual but his family, his friends, his employer. She represents society, an encouraging friendly society, society at its best and most understanding level, but still a society which entails obligation and responsibility. She cannot remain always uncritical or without personal opinion, approval or disapproval. She may not try to influence the client against his will, but she is definitely trying to produce tangible results and she brings a certain pressure to bear in her efforts to get the individual to develop a plan which will mean improvement of his condition.

From these considerations, it seems fairly clear that analysis as practiced by the psychiatrist is a form of treatment incompatible with the social worker's primary function. Her task is essentially to understand the psychology of individual and group sufficiently to bring about changes through environmental adjustments. In a way it is a more difficult task than the psychiatrist's. It means a treatment so practical and effective that the individual will begin to adjust unconsciously through his natural responses to changed conditions. It means a conscious use of her personal relationship to the individual and the family, as a source of friendly encouragement, stimulus, and support, without over-dependence or the deep emotional transfer which the psychiatrist uses, and with the freedom to be impersonally critical when it is necessary.

The psychiatrist needs the social case worker whenever the treatment of his patient depends upon supervised social adjustment. The case worker needs the psychiatrist whenever she meets mental disease or maladjustment which she is

unable to interpret or which does not respond to social treatment.

There are at least three types of situations which bring out the varying degrees of interdependence. There is the case which is distinctly neurological, or psychiatric, or which requires analytic treatment. In all such cases the psychiatrist is in full control and the social treatment is part of his plan. But even here the psychiatrist will do well to concentrate on getting over to the worker the interpretation of the patient's condition and what he needs ideally for adjustment, leaving to her experience and judgment the practical realization of a plan which will fulfil his theoretical conditions as far as possible. In carrying out the social treatment of such a case the social worker is bound to act upon the psychiatrist's interpretation of the case, make it her own as far as possible, and consult him on the results of social treatment or changes in plan.

Then there is the type of case which presents some difficulty but which is no more psychiatric than hundreds of other cases for which the psychiatrist takes no responsibility and where the main problem is social. Here the case worker may consult the psychiatrist or the psychologist as she would any other specialist for expert opinion, but unless something unexpected is discovered, she will continue to be responsible for supervision and treatment and will make her own application of the advice she has received as independently as she wishes.

Finally, there is the bulk of her work which consists of the manifold everyday problems of human beings living in social groups, problems which require psychological insight as truly as any others but which can never by any stretch of the imagination be covered by psychiatry. To these the

case worker must apply, without advice, all the mental hygiene, all the particular knowledge and skill that are hers.

The case of Amanda Simmons illustrates the type of situation in which the case worker, a visiting teacher, used the mental clinic to gain additional information and to reassure herself on a doubtful point, but really had an adequate interpretation of the problem and was able to carry out successful treatment on the basis of her own hypothesis.

Amanda, a girl of fourteen, was referred to the visiting teacher because she had been absent for a week without a satisfactory excuse. Also she had a little brother who was making trouble in school and they felt something must be wrong at home. The worker found that Amanda was the mother of the family and kept house for her father and her little brother. After a week or more in which Amanda invented illness, referred to doctors who had never been there, misrepresented her father's work hours, so that he was never accessible to the worker, a registered letter finally reached the father and brought Amanda's truancy to his attention. He proved to be an intelligent, earnest man, devoted to his children and much worried over his home situation. Amanda, he felt, was becoming more and more unreliable. She was going with girls of whom he disapproved. She was not truthful, she had been known to take housekeeping money for herself, and he had begun to suspect growing sex interests which made him anxious. On the whole he was thoroughly discouraged and condemnatory of Amanda.

Visits to a married brother and relatives brought out the fact that Amanda was considered to be "no good" quite generally. The brother could sympathize with the naughtiness of Billy, the spoiled youngest, but he had no use for Amanda. It seemed that the mother had died five years before, and since then Mr. Simmons had struggled with the

problem of housekeepers and boarding homes, but had finally given up and tried to make a home with no help but Amanda's.

He was an irritable, nervous man who had been wrapped up in his wife, and still visited her grave every Sunday. The living room was full of photographs of her. The children were constantly reminded of her loss by their father's absorption in them. It was said he never took any recreation, nor went anywhere except to work or to visit the cemetery.

Amanda, as housewife, had to get breakfast, put the house in order, and see that she and Billy arrived at school on time. At noon, she came home and got lunch for herself and Billy. As soon as school was out she ran home to prepare dinner, for her father came home cross and tired out and would scold if things were not ready. In the evening, after dishes were done, she might go out with other girls, but her father seldom liked her choice of company and was insistent on early hours. On Saturday afternoon she sometimes went to a movie. When dinner was spoiled or late, when the fire wouldn't burn, when the house was untidy, when Billy had been bad and she had lied to protect him from a whipping, then she would have to face her father's anger, perhaps even a whipping for herself and still further curtailing of her recreation.

The worker thought she saw in the total situation reason enough for all of Amanda's behavior. Here was a well-intentioned, responsible father, believing himself devoted to his children, but really living in the past with their dead mother. Their lack of sympathy with his fundamental motive, as well as the poor food, the badly kept house, and the sense of failure in bringing up his children, only served to increase his irritability and make him renew his attempts to control conditions by sternness and repressive discipline.

Amanda, loving her father and hating him too, feeling herself thoroughly disapproved of by him and the relatives, desperately afraid of the father's temper and irritated in her turn by the behavior of Billy and her inability to control him, had almost ceased to make any constructive effort and was just snatching at the few bits of life she could seize for herself, deceiving her father and avoiding punishment as much as possible and even taking a little money if desire grew too strong. Once Amanda, craving desperately finery which she was not allowed to have, took her mother's rings to wear, and Billy lost one. To the outraged father there could be no excuse for such irreverence, and both children were beaten.

Billy, playing his father against Amanda and Amanda against his father, was fast becoming more incorrigible than his father knew. He was stealing, too, and willing to let Amanda take his punishments for him, as she was apt to be the one accused. In Amanda, the worker sensed blind fear, fear of her father, fear of the relatives, fear of the eternal round of housework, fear that she might never have clothes or jewelry, or a beau like other girls. Amanda's delinquencies were the frantic efforts of youth to escape from bondage, Billy's the irresponsibility of a spoiled child with no mother, no consistent discipline, and no real home.

Such was the worker's interpretation, but she had two doubts. She wasn't sure just how much sex had to do with Amanda's behavior and she wanted to know whether her retardation in school was merely due to irregularity and home conditions or whether she lacked ability. The psychiatric clinic supplied the desired information. Amanda was in need of sex instruction but her fundamental difficulty was as the worker had thought. On the side of intelligence she was found to be dull normal, which accounted in part for her

failure to make good at school. There was nothing here to warrant analytic treatment and little hope of improvement except through actual changes in the environment, particularly the attitude of the father.

Backed up by this confirmation of her own opinion, the case worker entered upon the details of social treatment. She noted that one of the chief causes of friction between Amanda and her father was a kitchen stove which wouldn't draw. This frequently upset the meals and provoked outbursts of temper. She suggested to the father, whose coöperation she had won, that he put in a two-burner gas stove to make breakfast, at least, a simpler matter for Amanda. Then she investigated Amanda's household management and found that the child had little or no idea of cooking, marketing, or planning a meal. The social worker had studied domestic science once upon a time, so she invited Amanda to her home one Saturday afternoon and taught her to make cocoa and white sauce. As Amanda's interest grew, the worker enlarged the lessons to include simple marketing, the elements of a budget, and a well-balanced meal. She suggested inexpensive dishes with which Amanda could vary her meals and taught her to cook them.

The father, greatly cheered over Amanda's increased interest in housework and better fed than he had been for many months, was quite willing to listen to the idea of a small but definite personal allowance and membership in the Campfire Girls for Amanda. Then the worker began to point out to him that Amanda was not a fit mother for Billy and that Billy needed to be in a real home for a while. The married brother was consulted and finally offered to take Billy himself.

Billy has improved so rapidly under the influence of a stable background and a new school, that at present he

hardly seems to be a problem, while Amanda, freed from some of her work and responsibility, is blossoming out in her first legitimate experience of good times. As the case stands, at present, Amanda has lost much of her secretiveness, she does not deceive the worker, and she is not stealing or playing truant. The worker hopes in time to bring the father to a realization of the effect of his living in the past on his children and draw him into a more social attitude toward them and the world.

The story of Amanda illustrates the kind of psychological insight which is absolutely essential to the case worker and the social treatment which is characteristic of case work when the psychiatrist is needed, not to give treatment, but to confirm the interpretation.

Nowhere is the independent practice of case work as applied mental hygiene so clearly demonstrated as in the field of child placing. Taking a child up by the roots and placing him in a strange soil to grow as best he may, is a task so fundamental and so delicate, that one can see no limit to its psychological implications. The children's worker could not conceivably possess too great a knowledge of human relationships to deal even with the most simple of her problems. She might well employ all the knowledge of the psychiatrist in her everyday tasks. It is not alone the child who steals, lies, runs away, sets fires, or indulges in sex play who is in need of adjustment. Every dependent child who is placed in a foster home, every foster family which takes in such a child, is in constant need of interpretation, encouragement, and readjustment. The children's worker has to keep herself alert to the whole gamut of inferiorities from which the dependent child may suffer because of his dependence, and be willing to explain to the foster parents, over and over, the effect which dependency has. She must also be able to

understand the reactions of the family who find the foster child in reality much more trying than in idea and to tide them over the first difficult period of adjustment. She can never allow her imagination to become deadened even to her most routine tasks.

A young couple who had taken a girl of ten into their home, and after many struggles to break away from the selfish habits which made them resist the presence of a child in fact, although they had wanted it in fancy, finally accepted her and learned to love her so much that they adopted her. The worker who had followed them through the various crises of deciding they could or couldn't keep her, was surprised to hear that they had finally realized the unfairness of bringing up any child alone and wanted to take a second child, a boy. She found for them a charming little boy of five, who seemed just right for their needs. On the worker's advice, the parents had prepared Edith, the adopted girl, carefully for the advent of the little brother. She was allowed to share in the project and made it her own so thoroughly that she welcomed the attractive youngster when he came with a burst of passionate delight and affection.

There seemed to be no flaws in the adjustment. The parents were delighted with the boy and with the little girl's acceptance of him. Not long after the worker was sent for in haste to give advice about Edith, the adopted child, who had suddenly begun to slump at school in an inexplicable fashion and was crying every night for her dead mother. She had seemed thoroughly depressed and uninterested in everything for a week or more. This account by the parents was followed by an outburst of enthusiasm for little five-year-old Charlie, who was so cheerful and friendly and easy to manage. He seemed to have all the good points that Edith lacked.

The worker talked to Edith alone, and inquired how she liked her little brother.

"Oh, he's all right," said Edith gloomily, "but I just can't seem to get my mother out of my mind. I think about her every night and I don't care what happens any more." Then the worker, out of her long experience and her good psychology, told the parents that probably the very thing she had warned them of was happening without their being aware of it. Edith was suffering from a sense of having been put out of her place in the home by the newcomer, as many own children and all foster children tend to do under similar circumstances. In her unhappiness she had reverted to the idea of her own mother, who represented her idea of safety and loving protection.

The parents, wondering at their blindness, went to work to reassure Edith of her place in their affections. As soon as the subject was broached Edith burst forth with the first remark she had made which indicated jealousy, "You don't love me any more." This was enough to open their eyes and from that time they worked deliberately and consciously on the adjustment of the two children to each other with the result that Edith ceased to mourn for her own mother and began to be joyfully critical of little Charlie and more than ready to assist with his discipline.

Here we see the case worker, using her knowledge of the family romance and the dependency complex in an objective way to bring about a vital adjustment in a family situation quite independent of the psychiatric clinic. She owes the fact that she has the basis for psychological interpretation to psychiatry and the mental hygiene movement, but her use of it in her daily tasks for the most part is and must be independent of psychiatric supervision.

The case worker has always undertaken to alter behavior,

but she has been doing it in a more or less blind, intuitive fashion. Mental hygiene has given her the tools with which to work consciously. There is no limit to the work to be done and no field which offers a more thrilling opportunity in which to experiment with life itself. It remains only for case work to assimilate the psychology of the psychiatrist so thoroughly that it will be justified in undertaking its great task.

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